

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 7, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Matzker 134048

in a TS Vault Funeral, date, time _____

Church, Chapel, Graveside _____; Mortuary.

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

Lot 3588 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ P203 1095-

Additional spaces and care fund _____

Opening/Closing & Setup _____ 416-

Burial Container _____ 275-

Handling Fees _____ 204-

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50-

Sales taxes _____ 21.31

Total Due 2061.31

Paid receipt number RS6449 2061.31

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Charles Matzker

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 17900**

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 7 03

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains of 134055 Anthony Oliver

In a live Funeral, date, time Fri 7/11 1:00
Type of Burial Container
Church, Chapel, Graveside Bishop Mortuary.

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

Lot 70 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____ 985-

Additional spaces and care fund _____

Opening/Closing & Setup _____ PAID 413-

Burial Container _____ 209-

Handling Fees _____ JUL 07 2003 160-

Flower vases - Marker setting fee _____ MT. HOPE CEMETARY

Recording and filing fee _____ CITY OF SAN DIEGO, CA 50-

Sales taxes _____ 16.00

Total Due _____ 1833.20

Paid receipt number RS6451 1833.20

Balance due 0

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

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

Signature of recorded holder of deed

Pam

Signature

Address

City

Telephone

Zip Code

Invoice # _____

Acct. # _____

Work Order # E 17901

MT HOPE CEMETERY

F17901

GRAVE BLIND CHECK FORM

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

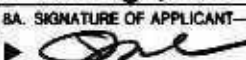
		1	New Burial	3		
11	12	4	5 X			

Blind Check Initiated By: Pam Date: 7/7Interment space for: Anthony OliverInterment Date: Fri 7/11 Time: 1:00Div: 12 Sect: 1 Blk/Row: Lot: 70 Gr: 5Grave Laid out by: KEN & CHUCKAgrees with Legal Card: ☒ Yes ☐ NoAgrees with Map: ☒ Yes ☐ NoBlind Check & Verified By: David Neugebauer Date: 7-10-03Flag on
grave

E-17901

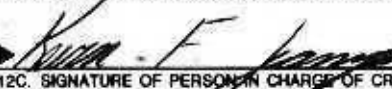
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Anthony	1B. MIDDLE Leon	1C. LAST (FAMILY) Oliver	2. DATE OF BIRTH MONTH DAY YEAR 12/25/1952	3. DATE OF DEATH MONTH DAY YEAR 07/01/2003	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lois Walton, Mother 4390 Mayberry Street San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Bishop Mortuary 3444 Citrus Street, Lemon Grove, CA 91945			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1673		8A. SIGNATURE OF APPLICANT—Person taking permit 
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 07/09/2003		

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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/09/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT G. Mitchell 2311301
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego County Health Dept. P.O. Box 85222, San Diego, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-11-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date July 8, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doan Hoang 134073

In a line Funeral, date, time Thurs 7/10 9:30
Church, Chapel, Graveside CA Memorial Mortuary Martin

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

Lot 44 Grave 8 Row Section 2 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund PAID

Opening/Closing & Setup 413-

Burial Container JUL 08 2003 209-

Handling Fees 160-

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filling fee CITY OF SAN DIEGO, CA 50-

Sales taxes 100.20

Total Due 1833.20

Paid receipt number R-56457 1833.20

Balance due 0

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

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

Signature of recorded holder of deed

Pam

Signature X See attached
Address X
City X
Telephone X

Zip Code

Work Order # E 17902

Invoice #

Acct. #

MT HOPE CEMETERY E-17902

GRAVE BLIND CHECK FORM

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

		Hall	.	Hyche		
		Smith	X		Campbell	
		Rieger	Duncan			

Blind Check Initiated By: Pam Date: 7/8

Interment space for: Doan Hoang

Interment Date: Thurs 7/10 Time: 9:30

Div: 12 Sect: 2 Blk/Row: Lot: 46 Gr: 8

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Dan Hoang Date: 7-9-03

flag on
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-17902
16

1A. NAME OF DECEDENT—FIRST (GIVEN) DOAN		1B. MIDDLE NHAT		1C. LAST (FAMILY) HOANG		2. DATE OF BIRTH MONTH DAY YEAR 04/26/1987		3. DATE OF DEATH MONTH DAY YEAR 07/04/2003		4. SEX M			
5A. CITY OF DEATH LA JOLLA				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CHUAN HOANG—MOTHER 4479 ALTADENA AVE. #4 SAN DIEGO CA 92115							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO CA 92115						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]				8B. DATE SIGNED 07/07/2003	
*ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 07/09/2003 K JONES		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature] 2311322					
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS..P.O. BOX 85222 SAN DIEGO CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.													
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 7-10-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 8, 03

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

of Joan HoangIn a lineFuneral, date, time Thurs 7/10 9:30

Church, Chapel, Graveyard

: Catholic MortuaryAll Funeral cars must arrive before 5:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 44 Grave 8 Row _____ Section 2 Division/Block 12Grave space & Care Fund 985Additional spaces and care fund 413Opening/Closing & Setup 209Burial Container 160Handling Fees 50Flower vases - Marker setting fee 100.00Recording and filing fee 1833.00Sales taxes 1833.00mortuary to payTotal Due 1833.00

Paid receipt number _____

Balance due _____

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

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

Signature of record holder of deed

Chuan
CHUAN HOANG
4479 ALTADENA #4
SAN DIEGO, CA 92115
619/583-6426

Invoice # _____

Acct. # _____

Work Order # E 17902

REA-104 (7-00)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-03

At need
(134005)
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mable Stephens Wed Aug 16th P.C.

in a liner Funeral, date, time Fri. July 11, 10:00

Church, Chapel, Graveside Delivery only Rosedale Mortuary. 1:00

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

will be applied and billed to undersigned.

Lot 33 Grave 2 Row Section 2 Division/Block 11

Grave space & Care Fund 875.00

Additional spaces and care fund

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee JUL 10 2003

Recording and filing fee 50.00

Sales taxes 16.20

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1723.20

most to pay
Paid receipt number R54468 1723.20

Balance due

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

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

Signature of recorded holder of deed

X
Signature

Address

City

Telephone

Zip Code

Work Order # E 17903

Invoice #

Acct. #

MT HOPE CEMETERY

E-17903

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Paulette Date: 7-8Interment space for: Mable StephensInterment Date: 7/11 Time: 10:00 GravesiteDiv: 11 Sect: 2 Blk/Row: 33 Lot: 2 Gr: 2Grave Laid out by: KEN & CHUCK P.C.Agrees with Legal Card: ☒ Yes ☐ NoAgrees with Map: ☒ Yes ☐ NoBlind Check & Verified By: David Noriega Date: 7-10-03

Flag on gr.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Mable		1B. MIDDLE -		1C. LAST (FAMILY) Stephens		2. DATE OF BIRTH MONTH DAY YEAR 04/07/1922		3. DATE OF DEATH MONTH DAY YEAR 07/06/2003		4. SEX F	
5A. CITY OF DEATH Chula Vista				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Beatrice A. Lyle, Daughter 1735 Melrose Avenue #53 Cula Vista, CA 91911					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 07/15/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103775 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 13.00		9B. DATE PERMIT ISSUED 07/15/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2311731 <i>[Signature]</i>	
						9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
FOR CORONER'S USE ONLY											
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102				11B. DATE BURIED 7-16-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-03

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

of

Mable Stephens

in a

liner

Funeral date, time

Fri. July 11, 10:00

Church, Chapel

GravesideRoadside

Monetary.

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

will be applied and billed to undersigned.

Lot 33 Grave 2 Row Section 2 Division/Block 11

Grave space & Care Fund

875.00

Additional spaces and care fund

Opening/Closing & Setup

413.00

Burial Container

209.00

Handling Fees

160.00

Flower vases - Marker setting fee

50.00

Recording and filing fee

16.20

Sales taxes

1723.20

Total Due

more to pay

Paid receipt number

Balance due

I hereby certify I am the

Robert H. Ly

of the above named decedent

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

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

Robert H. Ly

3590 Arroy Drive

San Diego, CA 92154

429-0494

Zip Code

Signature of recorded holder of deed

Telephone

Work Order #

E 17903

Invoice #

Acct. #

REA-104 (7-06)

This information is available in alternative formats upon request.

© Printed on recycled paper

AT NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-8-03

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

of HAKIM RASHIDIn a Muslim Slab

Type of Burial Container

Funeral, date, time Shura July 10th 11:00
Friday July 9thChurch, Chapel, Graveside CA BuryingMortuary 224-2747

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

will be applied and billed to undersigned.

Lot 150

Grave

Row

Section MuslimDivision/Block Muslim

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

SLAB

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

PAID413.0088.00JUL 08 2003MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA50.006.82

Total Due

557.82

Paid receipt number

Visapayment57.82

Balance due

500.00I hereby certify I am the X friend

of the above named decedent

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

MARION ALI RASHEED

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

Signature of recorded holder of deed

Signature

12575 IMPERIAL AVE

Address

SAN DIEGO CA 92102

City

Telephone

Invoice #

Acct. #

Work Order #

E 17904

MT HOPE CEMETERY

E-17904

GRAVE BLIND CHECK FORM

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

			X			

Blind Check Initiated By: Paullette C Date: 7-8-03

Interment space for: HAKIM RASHID

9 PC.

Interment Date: 7-10-03 Time: _____

Div: _____ Sect: Muslim Blk/Row: _____ Lot: 150 Gr: _____

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Nwiga Date: _____

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) HAKIM		1B. MIDDLE -	1C. LAST (FAMILY) RASHID	2. DATE OF BIRTH MONTH DAY YEAR 02/13/1939	3. DATE OF DEATH MONTH DAY YEAR 07/08/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARYAM RASHID-WIFE 4834 LOGAN AVE. #106 SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY, CA 91950			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 07/09/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/09/2003 A. HUBBARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2311328
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-10-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date July 9, 03

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

of Clarence Gore 134061

in a Urner Funeral, date, time Mon 7/14 1:00

Church Chapel Graveside Rego 3dalo Mortuary.

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

will be applied and billed to undersigned.

Lot 602 Grave 12 Row 1 Section 1 Division/Block 12

Grave space & Care Fund PAID 985-

Additional spaces and care fund

Opening/Closing & Setup JUL 10 2003 413-

Burial Container 209-

Handling Fees MT. HOPE CEMETARY 140-

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA

Recording and filing fee 50-

Sales taxes 16.20

Mortuary to pay Total Due 1833.20

Paid receipt number R 56469 1833.20

Balance due 0

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

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

Signature of recorded holder of deed

Ran

Signature X See attached

Address X

City X

Telephone X

Zip Code

Invoice #

Acct. #

MT HOPE CEMETERY

E-17905

GRAVE BLIND CHECK FORM

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

						ERNEST WILSON
	LORA SANCHEZ		X			ROBERT W. SAUCLA
	JAMES CARLOS EARL			DOROTHY BATTLE	BRILLANT LANDRUM	

Blind Check Initiated By: RAY SWIDRO Date: 7-11-03

Interment space for: CLARENCE GORO

Interment Date: 7-14-03 Time: 1:00 P.M.

Div: 12 Sect: 1 Blk/Row: — Lot: 62 Gr: 12

Grave Laid out by: KEN & ROBERT


Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Norrizer Date: 7-11-03

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) Clarence		1B. MIDDLE Ray	1C. LAST (FAMILY) Gore	2. DATE OF BIRTH MONTH, DAY, YEAR 04/09/1928	3. DATE OF DEATH MONTH, DAY, YEAR 07/05/2003	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Keith R. Barnett, Nephew 836 E. Redwood Street Springfield, MO 65807		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 3050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit 		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/00/2003				


PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 07/10/2003 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2311454
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-14-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 9, 03

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

of Clarence G. Galt

In a Cremation Funeral, date, time Mon 7/14 1:00

Church Graveside : Legsdales Monuary

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

will be applied and billed to undersigned.

Lot 602 Grave 12 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fees 140-

Flower vases - Marker setting fee

Recording and filing fee 50-

Sales taxes 16.20

Monuary to pay Total Due 1833.20

Paid receipt number

Balance due

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

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

Signature of record holder of deed

X [Signature]
Address 836 E. Redwood St.
Springfield, MO 65807
City/State (417) 889-2861 Zip Code

Work Order # E 17905

Invoice #

Acct #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of FANNIE LUE TRIPLETT

in a LINDER Funeral, date, time WEDS JULY 16th
Type of Burial Container
Church, Chapel, Graveside SAN DIEGO MEMORIAL Mortuary.
692-3078 JOSEPH

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

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

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 1839.20

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

Paula

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 17906

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 10, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Debern 228650

in a Ashurnell Funeral, date, time Mon 7/21 11:30

Church, Chapel, Graveside witness only family Mortuary.

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

will be applied and billed to undersigned.

Lot 6 Grave 3 Row Section R Division WAS

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

PAID

JUL 10 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 297.73

Paid receipt number MC 297.73

Balance due 0

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

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

Signature of recorded holder of deed

Dawn Waitman
Signature
P.O. Box 712575
Address
Santer, CA 9207
City
619-993-2141
Telephone
Zip Code

Work Order # E 1790Z

Invoice #

Acct. #

MT HOPE CEMETERY E-17907

GRAVE BLIND CHECK FORM

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

		Warren	Eugene Debern	Daniels	Schimmel	
			Kennedy			

Blind Check Initiated By: Randy Kuback Date: 7/15/93

Interment space for: Robert Debern

Interment Date: Mon 7/21 Time: 11:30

Div: MAB Sect: R Blk/Row: Lot: 60 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 7-21-93

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ROBERT		1B. MIDDLE EUGENE		1C. LAST (FAMILY) DEBURN		2. DATE OF BIRTH MONTH DAY YEAR 01/30/1922		3. DATE OF DEATH MONTH DAY YEAR 03/26/2003		4. SEX M	
5A. CITY OF DEATH MESA				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARJORIE E. GREEN-WIFE 11316 HIGHWAY 67 LAKESIDE, CA 92040					
7A. TYPE NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVE. EL CAJON, CA 92020				7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-795		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Andrew J. Ford</i>					
8B. DATE SIGNED 04/02/2003				9. I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.							
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 04/03/2003 A. FINK		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2305846			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 1/2 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102								11B. DATE BURIED 7-21-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. Jones</i>	
12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE. COSTA MESA, CA 92626								12B. DATE CREMATED APR 05 2003		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Charles E. Webb</i>	
13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS								13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED								14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION								15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	
15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE											

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

COPY 1

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

VS 9 (REV. 6/91)

Patricia Jender,
called to give
permission to
bury Robert Debern
in family lot

7/10/03

was R., 6.3

E17907

Tom Hefz

[4607457]

H+Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/11/03

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

of Joel Humberto Rosas 134059
in a Liner Monda 7/14/03 Funeral date, time Atzlan 1:00 Arrive

Church, Chapel, Graveside Atzlan Mortuary.

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

will be applied and billed to undersigned. RC

Lot 229 Grave 2 Row 0 Section 2 Division/Block 12

Grave space & Care Fund 955-

Additional spaces and care fund 0

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fees 160-

Flower vases - Marker setting fee 0

Recording and filing fee 50-

Sales taxes 16.20

Total Due 1833.20

Paid receipt number R-56476 1833.20

Balance due 0

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

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

Sister
Signature of recorded holder of deed

Raquel Cortez
Signature
176 S. 32nd St. #4
Address
San Diego CA 92113
City
(619) 234-2644
Telephone
Zip Code

Work Order # E 17908

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-17908

GRAVE BLIND CHECK FORM

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

		ALAN BONNIE	BOBBIE BONNIE	TRIANA MAI BONNIE		
		BARBARA JOSE				
			X			

Blind Check Initiated By: RAY SWANIR Date: 7-11-03

Interment space for: JOEL ROSAS

Interment Date: 7-14-03 Time: 1:00 PM

Div: 12 Sect: 2 Blk/Row: - Lot: 279 Gr: 2

Grave Laid out by: KEN & ROBERT

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Narvaez Date: 7-11-03


E-17908

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Joel		1B. MIDDLE Humberto	1C. LAST (FAMILY) Rosas	2. DATE OF BIRTH MONTH, DAY, YEAR 11/03/1982	3. DATE OF DEATH MONTH, DAY, YEAR 07/09/2003	4. SEX M
5A. CITY OF DEATH Tijuana			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Mexico	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Blanca Jauregui - Sister 880 Raven Street San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeraria Aztlan Mortuary 7856 La Mesa Blvd., La Mesa, CA 91941				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Hean O. M...</i>
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.				
		8B. DATE SIGNED 6/1/14/10				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA -	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED Leah A. Mata 07/14/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ 211584
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA -	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 7-14-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

AT Need

Date 7-11-03

You are hereby authorized and instructed, subject to your ☒ rules and regulations, to inter the remains of FRANCES AUSTIN 228070

in a ASH VAULT Funeral, date, time Mon. July 14th 1:00

Church, Chapel, Graveside Witness : Merkley Mitchell Mortuary.

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

will be applied and billed to undersigned. _____

Lot 934 Grave 1 Row _____ Section 3 Division/Block 8

Grave space & Care Fund B 1991 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 116.00

Burial Container _____ 61.00

Handling Fees _____ 66.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50.00

Sales taxes _____ 4.73

Total Due 297.73

Paid receipt number R - 56484 297.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature

Address

City

Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-17909 7-9-03

Pam -

I talked to you on Wed. 7-9-03
Here is the check For my Mother's
placement. I will be at the office
on Monday July 14th at 1:00 p.m. with
my Son. to have her placed in Division 8
Thank you for your help. please have
the vase cleaned out in the ground.

Thanks so much

Carol Baker

For Frances Austin

Division 8 Section 3 Lot 934

MT HOPE CEMETERY E17909

GRAVE BLIND CHECK FORM

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

	Turner	Kittleson	Kettelson			
	Wymann	Wymann	X			

Blind Check Initiated By: Paula C. Date: 7-11-03

Interment space for: Frances Gustin

Interment Date: 7-14-03 Time: 1:00 Witness

Div: 8 Sect: 3 Blk/Row: _____ Lot: 934 Gr: 1

Grave Laid out by: KEN & ROBERT

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Don Noring Date: 7-11-03

Flag on grave

1911984

E-17909
93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) FRANCES	1B. MIDDLE IRENE	1C. LAST (FAMILY) AUSTIN	2. DATE OF BIRTH MONTH, DAY, YEAR 07/19/1909	3. DATE OF DEATH MONTH, DAY, YEAR 06/26/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CAROL BAKER - DAUGHTER 4708 VAN DYKE AVENUE SAN DIEGO, CA 92116		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/02/2003			
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. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/02/2003 R.M. ZULLO	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2310962
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 5222 P.O. BOX 85222, SAN DIEGO, CA 92186-		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-14-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY, 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 07/07/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

7/11/03

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

of

Clarence Dee Cash

in a

Type of Burial Container

Funeral, date, time

Church, Chapel, Graveside

Mortuary

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

will be applied and billed to undersigned.

Lot

1204

Grave

1

Row

Section

1

Division/Block

8

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

135-

Recording and filing fee

Sales taxes

Total Due

135-

Paid receipt number

56483

Balance due

0

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

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

Signature

Address

City

Zip Code

Telephone

Signature of recorded holder of deed

Work Order #

E

17910

Invoice #

Acct. #

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7/11/03

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

of Jurlee Smith

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 32 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

JUL 11 2003

MT. HOPE CEMETARY

CITY OF SAN DIEGO, CA

Total Due 51.63

Paid receipt number 56455

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Gregory Wilky
Address 7102 Skyline Dr.
City San Diego Zip Code 92121
Telephone 266-8045

Work Order # E 17911

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-14-03

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

of Fannie Supplet 134063
in a Casket Funeral, date, time Wed July 16 10:00
Church, Chapel, Graveside S.D. Memorial Mortuary

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

Lot 236 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund _____

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee _____

Recording and filing fee 50.00

Sales taxes 16.20

Total Due 1833.20

Paid receipt number R-56487 1833.20

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

MT HOPE CEMETERY

E-17912

GRAVE BLIND CHECK FORM

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

			X			

Blind Check Initiated By:

P. Kettler

Date:

7/5/03

Interment space for:

Fannie Triplett

Interment Date:

Wed. July 16

Time:

10:00

Div: 12

Sect: 2

Blk/Row:

Lot: 236

Gr: 6

Grave Laid out by:

Norman Ferguson

Agrees with Legal Card: ☐ Yes☐ NoAgrees with Map: ☐ Yes☐ No

Blind Check & Verified By:

Darkey

Date:

7/5/03

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) FANNIE		1B. MIDDLE LUE	1C. LAST (FAMILY) TRIPLETT	2. DATE OF BIRTH MONTH DAY YEAR 10/05/1897	3. DATE OF DEATH MONTH DAY YEAR 07/09/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANDREW LAWRENCE TRIPLETT—SON 2526 B ST. SAN DIEGO, CA 92101		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/15/03				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/16/2003 J. LEMON JR.	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2311783
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3731 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-16-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

You are hereby authorized and instructed, subject to your rules and regulations, to enter the ranges

of Fannie Supplet
 date 1905 funeral date, time Wed July 16 10:00
 Church Episcopal St. Andrew

All Funeral Home Trust arrives before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and burial fee under signed _____

Lot 236 Grave 6 Row _____ Section 2 Division/Block 501

Graves space & Care Fund 985.00

Additional species and care instructions: _____

Opening/Closing & Setup

Burlai Constanin

Handing Fee, - 100.00

Flower vases - Marky's ending too

Recording and filing fee: \$20.00

Sales tax: 16.20

Total Due 1832.00

Paid receipt number

Balance due

I hereby certify I am the Representative of the above named decedent and I am authorized to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold all Hope Cemetery harmless from any liability on account of said authorization and signature.

Whereby authorize the instrument in the
 name of the State

Frank Kemmer
Signature of charged member of band

100

1791

Work Order # **E** 1797

Joseph Lemon

12441 University Ave

San Diego, CA 92104

619-692-3090

[Illegible handwritten notes]

image #

Acct. # _____

Information is available in alternative formats upon request.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date July 15, 03

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

of Noemi Genzalez

in a Ash Urn Funeral, date, time July 7/18 3:40

Church, Chapel, Graveside; Greenwood Mortuary.

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

Lot 5150 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund E17870

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

Fam

17913

Work Order # E

Address
5595 E. 7th St - 462
Long Beach, CA 90804
Zip Code
562-537-8265
Telephone

Invoice # _____

Acct. # _____

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.

<u>OLIVAS</u>	<u>Royes</u>		X			

Blind Check Initiated By: Ram / Parde Date: 7-15

Interment space for: Noemi Gonzalez

Interment Date: July 7/18 Time: 3:00

Div: 10 Sect: Blk/Row: Lot: 5150 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Newing Date:

*Flag on
grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-17913
61

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

1A. NAME OF DECEDENT—FIRST (GIVEN) NOEMI		1B. MIDDLE —		1C. LAST (FAMILY) GONZALEZ		2. DATE OF BIRTH MONTH DAY, YEAR 07/27/1941		3. DATE OF DEATH MONTH DAY, YEAR 07/13/2003		4. SEX F			
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BERTHA BECERRA - DAUGHTER 5595 E. 7TH STREET, #467 LONG BEACH, CA 90804							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NATIONAL CREMATION SERVICES - 3600 BONITA ROAD CHULA VISTA, CA 91910						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1707		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 07/16/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED NIA GOOD 07/16/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2311799			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS													
BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET SAN DIEGO, CA 92102				11B. DATE BURIED 7-18-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY - I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102				12B. DATE CREMATED 07/17/03		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

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

COPY 1

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

VS 9 (REV. 6/91)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 15

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

of Rubee Duran PA

In a Casket Funeral, date, time Sept 7/17 1:00

Church, Chapel, Graveside; Actlan Mortuary.

All Funeral cars must arrive before 9:00 a.m. of regular work day or an extra charge of \$ 3.00 will be applied and billed to undersigned.

Lot 58 Grave 12 Row Section 1 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fees 160-

Flower vases - Marker setting fee

Recording and filing fee 80-

Sales taxes 16.20

Total Due 1833.20

Paid receipt number 1833.20

Balance due 0

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

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

Signature of recorded holder of deed

Signature X
Address X
City X
Zip Code
Telephone X

Work Order # E

Invoice # 17914

Acct. #

MT HOPE CEMETERY

E-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.

			PERKOFF			
				JONES		
DEWITT			X			

Blind Check Initiated By: Ram Paullette Date: 7/15Interment space for: Rubie QuaryInterment Date: Thurs 7/17 Time: 9:00Div: 12 Sect: 1 Blk/Row: Lot: 58 Gr: 12Grave Laid out by: NORMAN FERGUSONAgrees with Legal Card: ☒ Yes ☐ NoAgrees with Map: ☒ Yes ☐ NoBlind Check & Verified By: David Noriega Date: 7-16-03

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-17914

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Rubie	1B. MIDDLE Royanne	1C. LAST (FAMILY) Durazzo	2. DATE OF BIRTH MONTH, DAY, YEAR 01/30/1949	3. DATE OF DEATH MONTH, DAY, YEAR 06/28/2003	4. SEX F
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ida Comerford—Public Administrator		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658	5201-A Ruffin Rd. San Diego, CA 92123		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ida Comerford</i>		8B. DATE SIGNED 07/16/03

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/16/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Leah A. Mata 2311781
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St. San Diego, CA 92122	11B. DATE BURIED 7/17/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED 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.

07/16/2003

12:56

SD MT. HOPE CEMETERY + 83378300

NO. 285

002

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date

July 15

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

of

Ruben Durango

In a

Crematorium

Funeral date, time

Sunday 7/17 1:00

Church, Chapel, Grave

Azatlan

Mortuary

All Funeral care must arrive before 9:00 a.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 58 Grave 12 Row Section 1 Division/Block 12

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

1833.00

Paid receipt number

10

1833.00

Balance due

0

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

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

Signature of record holder of deed

John A. Rodriguez

John A. Rodriguez
7256 Lamesa Cr.
91941
619-337-8100

Invoice #

Acc #

Work Order #

E

17914

REA-154 (7-99)

This information is available in alternative formats upon request.

MT: HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-15-03

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

of Henry Thompson # 134130 ^{101.00}

In a ASH VAULT _{Type of Burial Container} Funeral, date, time Aug 8/12 AYD

Church, Chapel, Agnes Detwiler : Ragsdale Mortuary.

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

will be applied and billed to undersigned.

Lot 284 Grave 1 Row 4 Section 4 Division/Bless 8

Grave space & Care Fund 330.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 116.00

Burial Container JUL 15 2003

Handling Fees MT: HOPE CEMETARY

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA

Recording and filing fee 50.00

Sales taxes

Total Due 496.00

Paid receipt number R-56489 496.00

Balance due 0

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

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

Signature of recorded holder of deed

X Loretta Thompson
Signature
X 3616 Kalamazoo Dr
Address
Los Angeles 90016
City Zip Code
310-204-1929
Telephone

Work Order # **E** 17915

Invoice #
Acct. #

MT HOPE CEMETERY E-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		Jones
			x			Schultz
		Harmen	Height			

Blind Check Initiated By: Dan Date: 8/8

Interment space for: Henry Thompson

Interment Date: Aug 8/12 Time: AYD

Div: 8 Sect: 4 Blk/Row: Lot: 284 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No flag on

Agrees with Map: ☒ Yes ☐ No grave

Blind Check & Verified By: Paul Morgan Date: 8-11-03

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) Henry	1B. MIDDLE Ford	1C. LAST (FAMILY) Thompson	2. DATE OF BIRTH MONTH, DAY, YEAR 05/19/1938	3. DATE OF DEATH MONTH, DAY, YEAR 06/14/2003	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Charles F. Thompson, Brother 905 39th Street San Diego, CA 92102	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd, San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 08/08/2003		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 08/08/2003 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313190
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-12-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

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.

S W Schuck
Director of Operations

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date July 15

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nghia Chung PA20031534

in a 130577 Funeral, date, time Fri 7/18 9:30
Church, Chapel, Graveside see only : East Bayview Mortuary

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

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

Grave space & Care Fund 131-

Additional spaces and care fund

Opening/Closing & Setup 439-

Burial Container PAID 128-

Handling Fees

Flower vases - Marker setting fee JUL 23 2003

Recording and filing fee 47-

Sales taxes 9.92

Total Due 754.92

Paid receipt number 754.92

Balance due 0

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

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

Signature of recorded holder of deed

Sam

Signature

Address

City

Zip Code

Telephone

Invoice # 382987

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN) NGHIA	1B. MIDDLE -	1C. LAST (FAMILY) CHUNG	2. DATE OF BIRTH MONTH, DAY, YEAR UNKNOWN	3. DATE OF DEATH MONTH, DAY, YEAR 04/11/2003	4. SEX M
5A. CITY OF DEATH SAN MARCOS		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELLEN BEAUPARLANT - PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BAYVIEW CREM. & BURIAL, 815 THIRD AVE. #315-B CHULA VISTA, CA 91911			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1713		

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID \$13.00	9E. DATE PERMIT ISSUED 07/16/2003 R. MARTINEZ	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2311782
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-18-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AA
Rud

Date July 15
Ellen B.

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Nghia Chung PA20031534
in a Full Body Funeral, date, time Fri 7/18 9:30
Church, Chapel, Gravesite San Diego Cemetery
All Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of \$100
will be applied and billed to undersigned.

Lot 116 Grave 3 Row Section Division/Block 13

Grave space & Care Fund 131

Additional space and care fund

Opening/Digging & Setup 439

Burial Container 128

Handling Fees

Flower vases - Marker setting fee 47

Recording and filing fee 9.92

Sales taxes 7.92

Total Due 798.92

Paid receipt number

Balance due

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

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

Signature of deceased holder of deed

Ellen B. Ruffin
201-A Ruffin Rd.
San Diego, CA 92103
(619) 694-3502

Work Order # E 17916

Invoice #

Acct. #

or in alternative format upon request

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-15-03

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

of for Cora Haynes

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

Lot 1 Grave 3 Row _____ Section DDOF Division/Block 10

Grave space & Care Fund		1755.00
Additional spaces and care fund	30x12 DD monument installed	213.84
Opening/Closing & Setup	2w 413.00	826.00
Burial Container	D.D. Crypt	418.00
Handling Fee		352.00
Flower vases - Marker setting fee	2 flowers 45.71	91.42
Recording and filing fee	2w 50.00	100.00
Sales taxes		32.40

Total Due 3788.66
Paid receipt number 25% down 947.17
M/C Balance due 2841.49

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

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

Signature of recorded holder of deed

Cora F. Haynes
Signature
25563 Pine Creek Ln
Wilmington, Ca 90744
City
310 835-6594
Telephone
CELL 310-701-7818
Zip Code

Work Order # E

Acct. # _____

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58423

Date: Jan 19, 20 05From: Cara Haynes Address: 25565 Pine Creek Lane
One thousand five hundred thirty-nine 00/100 Dollars (\$ 1539.09)
in full Payment of pre-need lot / trustDiv 100F Sec _____ Blk/Row _____ Lot _____ Grave _____Invoice No. E-17917

Acct. No. _____

W.O. _____

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

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

JAN 19 2005

MOUNT HOPE CEMETERY

ISSUED BY

M. Villegas

CREDIT	67007	
20% Sales Cara	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>1539.09</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 1539.09

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56526

MOUNT HOPE CEMETERY

(619) 527-3400

Date: July 30, 20 03From: Cora F. Haynes Address: on record
One Hundred Eighteen and 40/100 Dollars (\$ 118.40)

 in part Payment of Pre-need lot + trust acct. with accessories

 Lot 1 Grave 3 Row _____ Section 100F Division 10 Block 10

Invoice No. _____

Acct. No. _____

W.O. E-17917BALANCE DUE \$ 2723.09Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒1514NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

JUL 30 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

Raufette C.

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

TOTAL PAID

\$

118.40

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56665

MOUNT HOPE CEMETERY

(619) 527-3400

From Cora Haynes Address: 25565 Pine Creek Ln. Date: Sept. 11, 20 03
One Hundred Eighteen ^{90/100} Dollars (\$ 118.40) ^{with commission} 90744
 in part Payment of per deed
 Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. E 17917

Acct. No. _____

W.O. _____

BALANCE DUE 2004.69NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

SEP 11 2003

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

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

TOTAL PAID

\$

118 40Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒1546

AG-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

56836

MOUNT HOPE CEMETERY

(619) 527-3400

From: Cora Haynes Date: Oct. 30, 20 03
 Address: 25505 Pine Creek Ln Wilmington
One Hundred Eighteen & 40/100 Dollars (\$ 118.40) 9074X
 in part Payment of pre-much
 Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. E17917

Acct. No. _____

W.O. _____

BALANCE DUE 2480.29NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID****OCT 30 2003****MOUNT HOPE CEMETERY**

ISSUED BY

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

TOTAL PAID

\$

118 40

Pre-Need Lot / At Need / On Acct

Pre-need Trust / Cash / Check /

1479

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57257

MOUNT HOPE CEMETERY

(619) 527-3400

From: Cora HaynesDate: Feb. 27, 20 04
Address: 25565 PineCreek Ln. Wilmington 90744Dollars (\$ 236.80)in part Payment of pre needLot 1 Grave 3 ~~6K~~ 10 Section _____ Division Block 100FInvoice No. E17917

Acct. No. _____

W.O. _____

BALANCE DUE 2012.69NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

FEB 27 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184	<u>215</u>	<u>83</u>
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>20</u>	<u>97</u>
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID

\$

236 80Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57015

MOUNT HOPE CEMETERY

(619) 527-3400

 Date: Dec 18, 20 03
 From: Cora Haynes Address: 25505 Pine Creek On 6 Wilmington
 Dollars (\$ 236.80 90/44)

 in part Payment of pre need
 Lot _____ Grave _____ Row _____ Section _____ Division Block _____
Invoice No. E17917

Acct. No. _____

W.O. _____

BALANCE DUE 2249.49NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID IN THIS SPACE."**PAID**

DEC 18 2003

MOUNT HOPE CEMETERY

ISSUED BY

Dan Hebel

CREDIT	67007	135	17
20% Sales Care	77184		
80% Sales	100	101	63
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID

\$

236 80

Pre-Need Lot / At Need / On Acct

Pre-need Trust / Cash / Check /

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

1587

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57332

From: Cora Haynes Address: 25505 Pine Creek Dr to Wilmington Date: March 17, 2004
Dollars (\$118.40) 9074

in part Payment of pre need
Lot 1 Grave 3 Row 10 Section 100F Division Block 100F

Invoice No. E17917

Acct. No. _____

W.O. _____

BALANCE DUE 1894.29NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THE SPACE**PAID**

MAR 17 2004

MOUNT HOPE CEMETERY

ISSUED BY

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

118 40118 40

TOTAL PAID

\$

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

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

Haynes, Cora 25565 Pine Creek Lane, Wilmington CA 90744

(310) 835-6594

IOOF, 110, 113

			Debit	Credit	Balance
7/15/2003	Opened pre-need lot/Trust account with D.D.		1755.00		1755.00
	Crypt Monument, and 2 Trion Vases. Trust		213.84		1968.84
	includes: Two Opening/Closings, Burial Container		91.42		3788.66
	Handling Fees, Two Recording/Filing Fee and				
	sales tax on the D.D. Crypt Container. Paid	2023 361 =		947.17	2841.49
7/31/03	25% down by Mastercard. Coupon #1	899 144 =		118.40	2723.09
9-11-03	56665	2		118.40	2604.69
10-30-03	56836	3		118.40	2486.29
12-18-03	57015	4		236.80	2249.49
2-27-04	57257	6+7		236.80	2012.69
3-17-04	57332	8		118.40	1894.29
7/1-04	57744	9-11		355.20	1539.09
1-19-05	58423	12		1539.09	0

rem to trust

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date July 16 2003

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

of Riva Aslanyan 134079

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 4803 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 1205

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413

Burial Container _____ 275 204 160

Handling Fees _____ 204 160

Flower vases - Marker setting fee AUG 08 2003 _____

Recording and filing fee _____ 50

Sales taxes _____ 21.31 160.00

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due _____ 2168.31

Paid receipt number R54492 535.00

Balance due 1433.31

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

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

Signature of recorded holder of deed

Dam

x Shree
83110 Clair Mesa Blvd
San Diego, Ca 92117
(858) 500-7641
Zip Code
Telephone

17918

Invoice # _____

Work Order # E Acct. # _____

ASLANYANTS, LYUDMILA 5110 CLAIRMONTMESA BLVD #314 SD 92117 (858)560-7611

	DEBIT	CREDIT	BALANCE
07-16-2003 Pre-need lot and trust for Riva Aslanyan to include 1 open/close, TS Vault, handling fee, recording fee and tax on vault. R-56492	1205.00		
25% down div 10 lot 4803 gr 1	963.31	535.00	2168.31
8863 56509		1633.31	1633.31

PAID

AUG 08 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 16, 03

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

of Raymond Matzker

in a Waco Funeral, date, time Thurs 7/24 10:00

Church, Chapel, Graveside Leatheringill Mortuary.

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

will be applied and billed to undersigned.

Lot 3588 Grave 1 Row Section Division/Block 10

Grave space & Care Fund E 17900

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

I hereby certify I am the X 17900 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 17919

Invoice #

Acct. #

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.

			Ambrose			
	Lincoln		X		Alma	
				Arundel		

Blind Check Initiated By: Ram Date: 7/14

Interment space for: Raymond Matzker

Interment Date: Thurs 7/24 Time: 10:00

Div: 10 Sect: Blk/Row: Lot: 3588 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No


Agrees with Map: ☒ Yes ☐ No

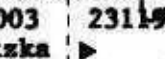
Blind Check & Verified By: Kenneth Collins Date: 7/21/03

flag in grave

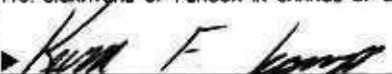

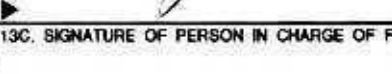

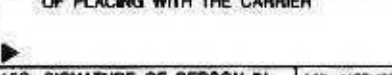
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Raymond		1B. MIDDLE L/	1C. LAST (FAMILY) Matzker		2. DATE OF BIRTH MONTH, DAY, YEAR 02/12/1944	3. DATE OF DEATH MONTH, DAY, YEAR 07/14/2003	4. SEX M
5A. CITY OF DEATH Mauson			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Wisconsin		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Charles R. Matzker, Brother 3017 Fascination Circle, Colorado Springs, CO 80917		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit:  8B. DATE SIGNED 07/18/2003		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 07/18/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2311951 
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA —		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222	

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7-24-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

As per

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date July 16, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Matzler
 in a Waco Funeral, date, time Thurs 7/24 10:00
 Church, Chapel, Graveside Featherinill Mortuary.
 All Funeral care must arrive before 5:00 p.m. of regular work day or an extra charge of \$0.00
 will be applied and billed to undersigned.

Lot 3588 Grave 1 Row _____ Section E 17900 Division/Block 10
 Grave space & Care Fund _____
 Additional spaces and care fund _____
 Opening/Closing & Setup _____
 Burial Container _____
 Handling Fee _____
 Flower vases - Marker setting fee _____
 Recording and filing fee _____
 Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due 0

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

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

Signature of decedent holder of deed _____

X R. Matzler
3017 Fascination Circle
Colo. Spgs CO 80917
719-570-1247

Work Order # E 17919

Invoice # _____

Acct. # _____

REA-104 (7-00)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 16 03

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

of Dorothy Quinn

In a 00 2nd Funeral, date, time July 7/22 11:00

Church, Chapel, Graveside Reagdale Mortuary.

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

will be applied and billed to undersigned.

Lot 30 Grave 10 Row Section 2 Division/Block 11

Grave space & Care Fund E 14474

Additional spaces and care fund

Opening/Closing & Setup 413-

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 50-

Sales taxes

mortuary to pay Total Due 413.00

Paid receipt number R-50499 4103.00

Balance due

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

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

Signature of recorded holder of deed

Address
City
Telephone
Zip Code

Work Order # E 17920

Invoice #
Acct. #

w/ moses

MT HOPE CEMETERY E-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		
	sales		X		Newman	
in			Martin			

Blind Check Initiated By: Pam Date: 7/16

Interment space for: Dorothy Quinn

Interment Date: Tues 7/22 Time: 11:00

Div: 11 Sect: 2 Blk/Row: Lot: 30 Gr: 10

Grave Laid out by: Norman Lee

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 7-21-03

flag in grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Dorothy		1B. MIDDLE Lee	1C. LAST (FAMILY) Quinn	2. DATE OF BIRTH MONTH DAY YEAR 04/15/1922	3. DATE OF DEATH MONTH DAY YEAR 07/14/2003	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Delores Quinn, Daughter 5232 Reynolds Street San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]		
				8B. DATE SIGNED 07/18/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 07/18/2003 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P. O. Box 85222 San Diego, CA 92186-5222		
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-22-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

A. J. Quinn

Date July 16, 03

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

in a 00 2nd Funeral, date, time Tues 7/22 11:00

Church, Chapel, Graveyard Reeddale Mortuary

All Funeral cars must arrive before 9:00 a.m. of regular work day or an extra charge of \$ 50 will be applied and billed to undersigned. *Debra Quinn*

Lot 30 Grave 10 Row Section 2 Division/Block 11

Grave space & Care Fund E 14474

Additional spaces and care fund

Opening/Closing & Setup 413

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 50

Sales taxes

unusually to pay Total Due 413.00

Paid receipt number

Balance due

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

I hereby authorize the interment in lot I hold under deed

Signature of recorded holder of deed

Debra Quinn
5232 Reynolds Street
San Diego, CA 92114
(619) 262-6146

17920

Work Order # E

Invoice #

Acct. #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

July 17, 03
134080

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA 20031426

In a DO Type of Burial Container Funeral, date, time June 7/22 10:00

Church, Chapel, Graveside del only; Conrad Mortuary Grant

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

Lot 116 Grave 26 Row Section Division/Block 13

Grave space & Care Fund 131.00

Additional spaces and care fund

Opening/Closing & Setup 439.00

Burial Container 128.00

Handling Fees

Flower vases - Marker setting fee PAID

Recording and filing fee 47.00

Sales taxes 9.92

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA
Total Due 754.92
4796745 754.92

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code


Work Order # E


Invoice # 383043

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN		1B. MIDDLE -		1C. LAST (FAMILY) DOE		2. DATE OF BIRTH MONTH DAY YEAR UNKNOWN		3. DATE OF DEATH MONTH DAY YEAR 10/27/2002		4. SEX M			
5A. CITY OF DEATH BOULEVARD				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELLEN BEAUPARLANT - DEPUTY P.A. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941		8A. SIGNATURE OF APPLICANT—Person taking permit 				8B. DATE SIGNED 07/16/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED Grant K. Conrad 07/21/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312036			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— OFFICE OF THE STATE REGISTRAR OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
								<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-22-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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 17, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe FA 20031426
in a BO del only Conrad Grant
Church, Chapel, Graveside del only : Conrad Grant
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 116 Grave 2 Row 6 Section Division/Block 13
Grave space & Ours Fund 3100
Additional space and care fund
Opening/Closing & Setup 439.00
Burial Container 128.00
Handling Fees
Flower vases - Marker setting fee
Recording and filing fee 47.00
Sales taxes 9.92

CHARGES TO BE PAID BY THE SAN DIEGO CO. PUBLIC ADMINISTRATOR
OFFICE - INDIGENT
BURIAL PROGRAM.

Total Due 154.92Balance due

FUNERAL DIRECTOR

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

CONRAD LEMON GROVE MORTUARY BY:

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

Signature of record holder of dead

GRANT K. CONRAD

7387 BROADWAY

LEMON GROVE, CA 91945

619-460-4601

Invoice # Acct. # Work Order # E

17921

NSA-104 (7-00)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date

July 17 03

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

of

John Doe RA 20040027

In a

00

Funeral, date, time

Sun 7/22 9:00

Church, Chapel, Graveside

all only

Cremated

Mortuary

Green

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

will be applied and billed to undersigned.

Lot

16

Grave

2

Row

A

Section

Division/Block

B

Grave space & Care Fund

131.00

Additional spaces and care fund

439.00

Opening/Closing & Setup

128.00

Burial Container

Handling Fees

Flower vases - Marker setting

Recording and filing fee

Sales taxes

PAID
Cremated
SEP 07 10 37/2003

47.00

9.92

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

Total Due

754.92

Paid receipt number

719 6745

754.92

Balance due

0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Invoice #

Work Order #


E

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

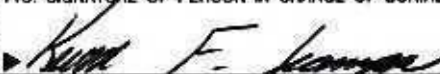

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E-17922

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE —	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH UNKNOWN	3. MONTH DAY YEAR OF DEATH 03/19/2003	4. SEX M
5A. CITY OF DEATH WARNER SPRINGS		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT IDA M. COMERFORD - DEPUTY P.A. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941		8A. SIGNATURE OF APPLICANT—Person taking permit 
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 07/17/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED Grant K. Conrad 07/21/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312026
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-22-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 17 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA 20040027

In a coFuneral date, time Aug 7/22 9:00Church, Chapel, Graveside del onlyMortuary Graves

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$50.00 will be applied and billed to undersigned.

Lot 16 Grave 2 Row 1 Section Division/Block B

Grave space & Care Fund 31.00Additional spaces and care fund 439.00Opening/Closing & Setup 128.00Burial Container Handling Fees Flower vases - Marker setting fee 47.00Recording and filing fee 9.92Sales taxes 754.92

CHARGES TO BE PAID BY THE SAN DIEGO CO. PUBLIC ADMINISTRATOR
OFFICE - INDIGENT Paid receipt number
BURIAL PROGRAM. Balance due

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

CONRAD LEMON GROVE MORTUARY BY:

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

Signature of recorded holder of deed

GRANT K. CONRAD

7387 BROADWAY

LEMON GROVE, CA 91945

619-460-4601

Invoice # Acct. # Work Order # E

17922

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

July 15, 03

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

of Clark Turner # 20040090

in a PO Funeral, date, time Mon 7/21 10:00

Church, Chapel, Graveside del only : PO Mortuary Mortuary.

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

will be applied and billed to undersigned.

Lot 16 Grave PA Row PA Section PA Division/Block B

Grave space & Care Fund 131.00

Additional spaces and care fund 439.00

Opening/Closing & Setup 128.00

Burial Container PAID

Handling Fees PAID

Flower vases - Marker setting fee JUL 31 2003

Recording and filing fee 47.00

Sales taxes 9.92

Total Due 754.92

PAID

Payment moved to E-1702

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E

Invoice #

Acct. #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 15 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clark Turner 200/0070
 in a 00 Funeral, date, time Mon 7/21 10:00
 Church, Chapel, Graveyard delaney PB Mortuary
 All Funeral calls must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned.

Lot 16 Grave 3 b Row Section Division/Block B
 Grave space & Care Fund 131.00
 Additional spaces and care fund 439.00
 Opening/Closing & Setup 128.00
 Burial Container
 Handling Fees
 Flower vessel - marker setting fee 47.00
 Recording and filing fee 9.92
 Sales taxes 754.92
 Total Due 754.92

Paid receipt number Balance due

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

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

Burial of remains made at cost

For Nancy Hobbs
5201-A RUFFIN RD
SAN DIEGO, CA 92123
858-694-3531

17923

Work Order # EInvoice # Acct #

Information is available in alternative formats upon request.

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

please pay

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT NEED

Date 7-17-03

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

of Callie Brown

In a TS Vault Funeral, date, time Friday July 25 Noon

Church Chapel, Graveside Reynolds Mortuary.

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

Lot 805 Grave 1 Row Section Division/Block 10

Grave space & Care Fund E 3758

Additional spaces and care fund

Opening/Closing & Setup 413-

Burial Container PAID 275-

Handling Fees 204-

Flower vases - Marker setting fee JUL 18 2003

Recording and filing fee 50-

Sales taxes MT. HOPE CEMETARY 21.31

Total Due 963.31

Paid receipt number MC 963.31

Balance due 0

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

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

Signature of recorded holder of deed

A. R. Henderson
4901 Deaton Drive
San Diego, CA 92102
(619) 262-0439
Zip Code
Telephone

Work Order # E 17924 Invoice #
Acct. #

MT HOPE CEMETERY E-17924

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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		swart		
			X		wold	
		← Kelly			Acello	

Blind Check Initiated By: _____ Date: _____

Interment space for: CALLIE BROWN

Interment Date: 7-25-03 Time: 11:00 Church

Div: 10 Sect: _____ Blk/Row: _____ Lot: 805 Gr: 1

Grave Laid out by: NORMAN FERGUSON

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

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 7/21/03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-17924

1A. NAME OF DECEDENT—FIRST (GIVEN) Callie	1B. MIDDLE Mae	1C. LAST (FAMILY) Brown	2. DATE OF BIRTH MONTH, DAY, YEAR 03/24/1915	3. DATE OF DEATH MONTH, DAY, YEAR 07/17/2003	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Andrew Henderson, Son 4901 Deaton Drive San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
8B. DATE SIGNED 07/23/2003					

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID 13.00		9B. DATE PERMIT ISSUED 07/23/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-25-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At need

Date July 18, 03

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

of Constance Jones

in a DD 1st Funeral, date, time Wed 7/23 11:00

Church, Chapel Graveside CA aerial Mortuary Granite

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

will be applied and billed to undersigned.

Lot 107 Grave 1 Row 2 Section 12 Division/Block 985-

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

PAID

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA
Paid receipt number VISA 2250.40

Balance due 0

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

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

Signature of recorded holder of deed

Pam

17925

Frederick L. CASHAW
2151 R. Ogden
SAN DIEGO CA 92105
(619) 262-1004

Invoice #

Acct. #

Work Order # E

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.

			X	tree		
				Cashaw		

Blind Check Initiated By: fern Date: 7/22

Interment space for: Constance Jones

Interment Date: Wed 7/23 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 167 Gr: 1

Grave Laid out by: NORMAN ~~FERGUSON~~ FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Medina Date: 7-22-03

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) CONSTANCE	1B. MIDDLE MARIE	1C. LAST (FAMILY) CASHAW-JONES	2. DATE OF BIRTH MONTH DAY YEAR 11/26/1954	3. DATE OF DEATH MONTH DAY YEAR 07/11/2003	4. SEX F
5A. CITY OF DEATH TIJUANA		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE MEXICO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RODNEY CASHAW-BROTHER 1851 RIDGEVIEW DR. SAN DIEGO, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO CA 92105			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70527 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: *Clayton K. ...* 8B. DATE SIGNED: **07/21/2003**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA —	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/21/2003 J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312027
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

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

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-18-03

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

of John Doe PA# 20031421 ¹³⁻¹¹⁻⁰²

in a 200 Crut Funeral, date, time Weds July 31 9:00

Church, Chapel, Graveside Delivery Only : Ragsdale Mortuary.

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

will be applied and billed to undersigned.

Lot 16 Grave 3B Row TA Section 13 Division/Block 13

Grave space & Care Fund 131.00

Additional spaces and care fund

Opening/Closing & Setup PAID 439.00

Burial Container 128.00

Handling Fees AUG 18 2003

Flower vases - Marker setting fee

Recording and filing fee MT. HOPE CEMETERY 47.00

Sales taxes CITY OF SAN DIEGO CA 9.92

Total Due 754.92

Paid receipt number 754.92

Balance due 0

I hereby certify I am the P.A. Darnel Price

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

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

any liability on account of said authorization and interment.

I hereby authorize the interment in lot I

hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice # 383769

Acct. # 000953

Work Order # E 17926

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN		1B. MIDDLE -	1C. LAST (FAMILY) DOE		2. DATE OF BIRTH MONTH, DAY, YEAR UNKNOWN	3. DATE OF DEATH MONTH, DAY, YEAR 10/08/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 07/29/2003				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF INTERMENT OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 07/29/2003 B. CAMPBELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312520
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-31-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

E-17926

CERTIFICATION OF ABANDONMENT/DIRECTION TO INTER

REFERENCE: CASE OF JOHN DOE ⁰²⁻¹⁸⁷⁹ DECEASED

DATE OF DEATH: 10/8, 2002

.....
Hospital or Mortuary Use Only in this block

Signature of the undersigned certifies, pursuant to Health and Safety Code Section 7104.1, thirty (30) days have lapsed from the time the Medical Examiner notified, or attempted to notify, the person(s) responsible for interment or inurement of the remains of _____ now in the

Decedent's Name

jurisdiction of the Medical Examiner. I further certify that the responsible party has failed, refused or neglected to inter the remains.

Date: / /

Signature: _____

Title: _____

.....
Medical Examiner Use Only in this block

The undersigned directs the Indigent Disposition Officer to inter the remains in the manner provided by law for the indigent dead. In accordance with San Diego County policy, this shall be disposed by:

~~Cremation as the next-of-kin failed to elect an alternate means of disposition~~

XX Ground Burial

In addition, the undersigned assigns the right/responsibility to recover any expenses of the interment from the responsible party to the Indigent Disposition Officer.

FUNERAL DIRECTOR ASSIGNED: Ragsdale

Date: 5/2/03

Signature: Robert Sutton

Title: Autopsy Rm. Supervisor

.....
Public Administrator Use Only in this block

Public Administrator Case Number: 20031471

Date: 05/15/03

DOD 10/08/2002

CASE NO 092

County Indigent

Disposition Officer Signature: Darnell Price

DTF

6/27 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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date July 18 03

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

of Reginald Harper Jr.

in a Ash Vault Funeral, date, time Thurs 7/31 AM

Church, Chapel, Graveside Pagoda Mortuary.

All Funeral cars must arrive before 500 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 99 Grave 9 Row Section 2 Division/Block 7

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 116-

Burial Container 61-

Handling Fees 66-

Flower vases - Marker setting fee

Recording and filing fee 50-

Sales taxes 4.73

Mortuary to pay **PAID** 297.73

Paid receipt number 56531 297.73

Balance due 0

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

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

Signature of recorded holder of deed

Fan

X Signature
X Address
X City Zip Code
X Telephone

Work Order # E 17927

Invoice #

Acct. #

w/ Mark/Bab/d
Reg 80

217927
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.

	toy			Price		
	Gordon	Gordon	X	Gordon	Larson	
		lynn	Harper	Estes		

Blind Check Initiated By: Pam Date: 7/18

Interment space for: Reginold Harper Jr.

Interment Date: _____ Time: _____

Div: 7 Sect: 2 Blk/Row: _____ Lot: 99 Gr: 9

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: David Newitz Date: 7-31-03

flag m
grave

E17127

Certificate of Cremation

This certifies that Reginald Edwin Harper, Jr., who died on July 17, Two Thousand Three, was cremated at Cremation Services, Inc. Crematory, 2570 Fortune Way, Vista, California on July 24, Two Thousand Three.

S W Schuck
Director of Operations

E17927

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Reginald	1B. MIDDLE Edwin	1C. LAST (FAMILY) Harper, Jr.	2. DATE OF BIRTH MONTH, DAY, YEAR 09/19/1931	3. DATE OF DEATH MONTH, DAY, YEAR 07/17/2003	4. SEX M
5A. CITY OF DEATH La Jolla	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Annette M. Harper, Wife 5455 San Onofre Terrace San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> 8B. DATE SIGNED 07/23/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 07/23/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312164 B. Campbell
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-13-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services, Inc.; 2570 Fortune Way, Vista, CA 92083	12B. DATE CREMATED 7/24/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSED —IF APPLICABLE -

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

COPY 1

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

VS 9 (REV. 6/91)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 18, 03

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

of Miriam Burr

in a urn Funeral, date, time Wed 7/23 10:00

Church, Chapel, Graveside Conrad Mortuary.

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

will be applied and billed to undersigned.

Lot 107 Grave 8 Row 2 Section 2 Division/Block 7

Grave space & Care Fund 0

Additional spaces and care fund

Opening/Closing & Setup PAID 43-

Burial Container 209

Handling Fees JUL 22 2003 160-

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 50-

Sales taxes 16.20

Total Due 848.20

Paid receipt number R 56496 848.20

Balance due 0

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

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

Signature of recorded holder of deed

Pam

17928

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order # E

E17928
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.

			Busch		Dellinger	
	Debaris	Debaris	X	Foster		
		Leithoff		Wise		

Blind Check Initiated By: Pam Date: 7/18

Interment space for: Miriam Burr

Interment Date: Wed 7/23 Time: 10:00

Div: 7 Sect: 2 Blk/Row: Lot: 607 Gr: 8

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: A. Baren Date: 7-21-03

flag in grave

E 17928

At
FuneralMT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 18, 03

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

of

Miriam Burr

in a

Funeral

Funeral, date, time

Wed 7/23 10:00Chapel, Chapel, GraveyardConrad

Mortuary

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

will be applied and billed to undersigned.

Lot 17 Grave 8 Row _____ Section 2 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fee _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due

848.20

Mortuary to pay

Paid receipt number _____

Balance due _____

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

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

Signature of surviving member of family

Christy Sexton

13654 S. SELINA DRIVE

YUMA, AZ 85367

LOCAL CELL #

No Code

Telephone 619-302-0994

17928

Work Order #

E

Invoice #



Acct. #

MSA-104 (7-00)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARIAM		1B. MIDDLE FAITH ELIZABETH		1C. LAST (FAMILY) BURR		2. DATE OF BIRTH MONTH DAY YEAR 08/07/1919		3. DATE OF DEATH MONTH DAY YEAR 07/18/2003		4. SEX F	
5A. CITY OF DEATH LA MESA				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANNETTE SCATES - DAUGHTER 13654 S. SELINA DRIVE YUMA, AZ 85367					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941		8A. SIGNATURE OF APPLICANT—Person taking permit: 		8B. DATE SIGNED 07/19/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED Grant K. Conrad 07/22/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312084	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
COMPLETE ALL APPLICABLE ITEMS		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102				11B. DATE BURIED 7-23-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 			
		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 21, 23

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl Karayuki ^{Top center} in a Ash vault Funeral, date, time Sat 7/22 11:00 Church, Chapel, Graveside : Featherhill Mortuary. All Funeral cars must arrive before 9:00 a.m. of regular work day or an extra charge of \$ 5.00 will be applied and billed to undersigned.

Lot <u>449</u>	Grave <u>1</u>	Row	Section	Division/Block <u>10</u>
Grave space & Care Fund <u>E6662</u> <u>0</u>				
Additional space and care fund <u>OT</u> <u>231.00</u>				
Opening/Closing & Setup <u>116.00</u>				
Burial Container <u>PAID</u> <u>61.00</u>				
Handling Fees <u>66.00</u>				
Flower vases - Marker setting fee <u>24th 4/18 x car fee</u> <u>50.00</u>				
Recording and filing fee <u>50.00</u>				
Sales taxes <u>MT. HOPE CEMETARY</u> <u>4.73</u>				
<u>CITY OF SAN DIEGO, CA</u> <u>578.73</u>				
Total Due <u>578.73</u>				
Paid receipt number <u>R 50493</u> <u>578.73</u>				
Balance due <u>0</u>				

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

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

Signature of recorded holder of deed

X Mary Karayuki
8555 WINDMILL LANE
EL CAJON CA 92058
619-448-3638

17929

Work Order # E

Invoice #

Acct. #

E17929

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.

	224			0845		
Taylor			X	END	ARTZ	
	1002			1002		

Blind Check Initiated By: Pam Date: 7/21

Interment space for: Carl Kaneyuki ~~X~~

Interment Date: Sat 7/26 Time: 11:00

Div: 10 Sect: Blk/Row: Lot: 4019 Gr: 1

Grave Laid out by: ROBERT BECERRA

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY/FAMER Date: 7-27-03

flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Carl	1B. MIDDLE Hikaru	1C. LAST (FAMILY) Kaneyuki	2. DATE OF BIRTH MONTH, DAY, YEAR 10/22/1924	3. DATE OF DEATH MONTH, DAY, YEAR 07/19/2003	4. M
3A. CITY OF DEATH San Diego		3B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary Kaneyuki, Wife 2555 Windmill View Rd., El Cajon, CA 92020	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 07/21/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/21/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312055 K. Zaretska
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA _____		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7/24/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Southern California Crematory, 601 D Crane St., Lake Elsinore, CA 92530	12B. DATE CREMATED 07/22/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

COPY 1

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

VS 9 (REV. 6/91)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date July 21 03

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

of Mary Walton

In a IS Under Funeral, date, time Thurs 7/24 11:30

Church, Chapel, Graveside 30 Memorial Mortuary.

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

Lot 157 Grave 10 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund 413-

Opening/Closing & Setup 275-

Burial Container 207-

Handling Fees 50-

Flower vases - Marker setting fee 21-31

Recording and filing fee 1948-31

Sales taxes 1948-31

Total Due 1948-31

PAID Paid receipt number R 56501

Balance due 0

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

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

Signature of recorded holder of deed

Signature Melton Cox
Address 43800 Colles Rd
City Tamala Ca Zip Code 92592
Telephone

Ram

Work Order # E

Invoice #

Acct. #

37930
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.

		Reed	Mona			
			X			
	Ashe					

Blind Check Initiated By: Ram Date: 7/22/03

Interment space for: Mary Walton

Interment Date: June 7/04 Time: 11:30

Div: 12 Sect: 2 Blk/Row: Lot: 157 Gr: 10

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No Key Green

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Thayer Date: 7-22-03

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) MARY	1B. MIDDLE ANN	1C. LAST (FAMILY) WALTON	2. DATE OF BIRTH MONTH DAY YEAR 07/08/1944	3. DATE OF DEATH MONTH DAY YEAR 07/19/2003	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DONNA COX-DAUGHTER 4300 CALLE REVA TEMECULA, CA 92592		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CALIFORNIA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person holding permit <i>Joseph L. Lemon Jr.</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/22/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/24/2003 J. LEMON JR.	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312234
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92104	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 1751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7/24/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-21-03

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

of MARY MAXINE TAYLOR-STANLEY
in a T.S. VAULT Funeral, date, time FRI. July 25 1:30
Church, Chapel, Graveside PAUSDAL Mortuary.

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

Lot 2087 Grave 1 Row _____ Section _____ Division/Block 10
Grave space & Care Fund 1095.00
Additional spaces and care fund _____
Opening/Closing & Setup 416.00
Burial Container T.S. VAULT 275.00
Handling Fees PAID 204.00
Flower vases - Marker setting fee _____
Recording and filing fee JUL 24 2003 50.00
Sales taxes MT. HOPE CEMETARY 21.31
CITY OF SAN DIEGO, CA Total Due 2061.31
Paid receipt number RS6505 2061.31
Balance due 0

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

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

Rosa Regina Taylor
Signature of recorded holder of deed

Rosa Regina Taylor
Signature
28510 Forest Oaks Way
Address
Moreno Valley 92555
City
909 601-1656
Telephone
Zip Code

Paula
Work Order # E 17931

Invoice # _____
Acct. # _____

E17931
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.

			Hall	Hall		
			X			Brown
						Decker

Blind Check Initiated By: Poulette Date: 7/22

Interment space for: Mary M. Taylor

Interment Date: 7-28-03 Time: 1:30 Chapel

Div: 10 Sect: Blk/Row: Lot: 2087 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: CP JAMES Date: 7-23-03

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary		1B. MIDDLE Maxine	1C. LAST (FAMILY) Taylor-Stanley	2. DATE OF BIRTH MONTH, DAY, YEAR 08/31/1926	3. DATE OF DEATH MONTH, DAY, YEAR 07/20/2003	4. SEX F
5A. CITY OF DEATH Riverside		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Riverside		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rosa Regina Taylor, Daughter 28510 Forest Oaks Way Moreno Valley, CA 92555		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd, San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Josephine DeLa Cruz</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/23/2003				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/23/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Kenneth Callan</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Riverside Co Health Dept, PO Box 7600 Riverside, CA 92513-7600		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego Co Health Dept, PO Box 85222 San Diego, CA 92186-5222				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St San Diego, CA 92102	11B. DATE BURIED 7/25/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Callan</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

City of San Diego

Date July 22, 03

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

in a 15 Quart Pk Funeral, date, time Fri 7/23 12:00
Type of Burial Container lined
Church, Chapel, Graveside St Monica Mortuary

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

Lot 173 Grave 4 Row _____ Section PAIR Division/Block 12

Grave space & Care Fund 985

Additional species and care fund

Opening/Closing & Setup.....MT 10/21/05.....713-

Burial Container 207 CITY OF SALEM, OR

Handling Fee 160 - ~~507 PW~~ ~~110~~ - 267

Flower vases – Marker setting fee (back to liner)

Recording and filing fee 50

Sales taxes 10.00 ~~10.00~~

Melvin Davis 1980-1981

Paid receipt number R 56504 / 133.20

Belangen der...

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

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

Signature of recorded holder of deed

1145 S Euclid Ave
San Diego 92114
619 262 8011

17932

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

817932
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.

		mugby	tree			
	Sms		x	antimony		

Blind Check Initiated By: Ram Date: 7/02

Interment space for: Cheryl Johnson

Interment Date: JUL 7/02 Time: 12:00

Div: 12 Sect: 2 Blk/Row: Lot: 173 Gr: 6

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag m grave

Blind Check & Verified By: ROBERT BECERRA Date: 7.23.03

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) CHERYLE	1B. MIDDLE ADRIANNA	1C. LAST (FAMILY) JOHNSON	2. DATE OF BIRTH MONTH DAY YEAR 11/24/1968	3. DATE OF DEATH MONTH DAY YEAR 07/17/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOANN PORTER—MOTHER 1145 SO. KUCIAD AVE. SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person giving permit <i>Joseph Porter Jr.</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/23/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/24/2003 J. LEMON JR.	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312252
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 45%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ST. MARY'S CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7/25/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7/22/03

at need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Terrance Leon Ellis

In a liner Funeral, date, time July 24th Thurs. 11:00
Type of Burial Container
 Church, Chapel, Graveside CA Burial Mortuary.

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

Lot 110 Grave 3 Row _____ Section 2 Division/Bleak 12

Grave space & Care Fund 985.00

Additional spaces and care fund —

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee 50.00

Recording and filing fee 16.20

Sales taxes 1833.20

Total Due 1833.20

Paid receipt number R-56500 1833.20

Balance due 0

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

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

Rhonda Ellis
Signature of record holder of deed

X Rhonda Ellis
Signature
X 1170 Summer apt 4
Address
X El Cajon, CA 92020
City
X 619-401-9296
Telephone

Zip Code

Paulette

17933

Work Order # E

Invoice # _____

Acct. # _____

E-17933

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.

	Turron		x	Hayes		
		Rubio	Love	Estes		

Blind Check Initiated By: Rubio Date: 7/22

Interment space for: Terrence Lerone Ellis

Interment Date: July 24th Time: 11:00 Thursday

Div: 12 Sect: 2 Blk/Row: — Lot: 110 Gr: 3

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAKLEY Date: 7-23-03

Flag on Grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) TERRENCE	1B. MIDDLE LEMON	1C. LAST (FAMILY) ELLIS	2. DATE OF BIRTH MONTH, DAY, YEAR 06/27/1958	3. DATE OF DEATH MONTH, DAY, YEAR 07/15/2003	4. SEX M
5A. CITY OF DEATH INDIO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE RIVERSIDE		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARY ELLIS—MOTHER PO BOX 740259 SAN DIEGO CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/16/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID \$18.00	8B. DATE PERMIT ISSUED 07/21/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L. Bowen MD PM</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA. VITAL RECORDS—PO BOX 67600 RIVERSIDE CA 92513-7600		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA. VITAL RECORDS—PO BOX 85222 SAN DIEGO CA 92186-5222		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 7/24/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7/22/03

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

of Ernest Jones

In a Life Funeral, date, time Mon. July 28 11:30

Church, Chapel Grave side Sal Memorial Mortuary.

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

will be applied and billed to undersigned. _____

Lot 45 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 985.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413.00

Burial Container _____ 209.00

Handling Fees _____ 160.00

Flower Vases - Marker setting fee _____ 50.00

Recording and filing fee _____ 16.20

Sales taxes _____

Total Due 1833.20

Paid receipt number paid by Van 1833.20

Balance due 0

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

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

ERNEST A. JONES
Signature of recorded holder of deed

Paulette

Work Order # E 17934

Ernest Jones
Signature
30 Woodlawn NE # K
Address
Chula Vista CA 91910
City
(619) 892-0726
Telephone
Zip Code

Invoice # _____

Acct. # _____

E17.934

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.

			Nelson	Pearl	Lawrence	
			X		Sung	Thompson
		Freeland	HTH		Nguyen	

Blind Check Initiated By: Paullette C. Date: 7/22

Interment space for: ERNEST JONES

Interment Date: 7/28 Time: 11:30 Am Chapel

Div: 12 Sect: 2 Blk/Row: — Lot: 45 Gr: 7

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Nguyen Date: 7-24-03

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ERNEST	1B. MIDDLE ALLEN	1C. LAST (FAMILY) JONES SR.	2. DATE OF BIRTH MONTH DAY YEAR 10/22/1922	3. DATE OF DEATH MONTH DAY YEAR 07/18/2003	4. SEX M
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ERNEST ALLEN JONES JR.—SON 30 WOODLAWN AVE., APT K CHULA VISTA, CA 91910	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person having permit <i>[Signature]</i>		8B. DATE SIGNED 07/25/2003	
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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/28/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. LEMON JR. 2312404	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 7-28-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 22, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marcia A. Juarez 134096

In a _____ Funeral, date, time _____
Type of Burial Container _____
Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 187 Grave 8 Row _____ Section Q Division/Block 12

Grave space & Care Fund _____ 985-

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fee _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 246.00

Paid receipt number USA 246.00

Balance due 739.00

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

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

Signature of record holder of deed

Pam

Work Order # E

Marcia Juarez
Signature
6951 Hoffman Ave
Address
La Mesa 91941
City Zip Code
(619) 464-4146
Telephone

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56759

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Oct 6, 2003
 From: Maria Suarez Address: 10451 Hoffman ave L.M. 91941
Shirts only Dollars (\$ 31.00)

 in part Payment of pre need
 Lot 187 Grave 8 Row _____ Section 2 Division 12
Invoice No. E 17935

Acct. No. _____

W.O. _____

BALANCE DUE 077.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID****OCT 06 2003****MOUNT HOPE CEMETERY**ISSUED BY Sam Hotal

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

TOTAL PAID

\$

31.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56639

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Sept. 4, 2003
 From: Maria A. Juarez Address: on record
Thirty One and Dollars (\$) 31.00

 in Part Payment of Pre-need lot account
 Lot 187 Grave 8 Row _____ Section 2 Division Block 12
Invoice No. E-17935

Acct. No. _____

W.O. _____

BALANCE DUE \$ 708.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

1004

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

SEP 04 2003

MT. HOPE CEMETARY

CITY OF SAN DIEGO

ISSUED BY Paula...

CREDIT	87007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

31.00

31.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56845

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 11/3, 20 03
 From: Mario A. Juarez Address: 6951 Hoffman Ave. La Mesa 91941
Thirty One Dollars (\$ 31.00)

 in part Payment of Pre-need account
 Lot 187 Grave 8 Row _____ Section 2 Division Block 12
Invoice No. E-17935

Acct. No. _____

W.O. _____

BALANCE DUE \$646.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

NOV 03 2003

MOUNT HOPE CEMETERY

ISSUED BY

Paullette

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

TOTAL PAID

\$

31.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒1023

pin 134096

contract Expires July 2005

6547 Celia Vista Dr SD ca 92116

E-17935

JUAREZ, MARIA 6951 Hoffman ave. La Mesa 91941 (619)464-4146

				debit	credit	balance
07-22-2003	Opened Pre-need lot w/ 25% down by Visa					
	Div 12 Sec 2 Lot 187 Gr 8			985.00		
					246.00	739.00
9-4-03	R-56639	Coupon #1			31.00	708.00
10-6-03	56759	2			31.00	677.00
11-3-03	56845	3			31.00	646.00
12-8-03	56981	no coupon	197 to 2090		31.00	615.00
1-14-04	57047	"	1391 to 1800		31.00	584.00
3-11-04	57313	"			31.00	553.00
4-2-04	57393	"			31.00	522.00
5-11-04	57536	"			31.00	491.00
6-11-04	57649	"			31.00	460.00
7-15-04	57800	"			31.00	429.00
8-20-04	57921	"			31.00	398.00
9-22-04	58038	"			31.00	367.00
10-29-04	58174	no coupon			31.00	336.00
12-1-04	58275	"			31.00	305.00
12-27-04	58355	"			31.00	274.00
2-16-05	58522	"			31.00	243.00
4-01-05	58691	"			31.00	212.00
						181.00

			Debit	Credit	Balance
5-5-04	R 58815	No Coupon	check # 1144	31-	150.00
6-6-05	R-58909	"	CHECK # 1145	31-	119.00
7-14-05	R-59363	"	CHECK # 1147	31-	88.00
10-19-05	mailed Cent. Delinquent letter			31-	57.00
11-10-05	R-59394	Last payment		57-	0

PAID

NOV 10 2005

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-22-03

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

of Margaret Nix

In a DB Crypt (A) Funeral, date, time Wed. July 23 10:30

Church, Chapel, Graveside Delivery : S.D. Memorial PO.

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

will be applied and billed to undersigned. _____

Lot 35 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund E-15754 0

Additional spaces and care fund _____

Opening/Closing & Setup E-15754 _____

Burial Container E-15754 _____

Handling Fees " _____

Flower vases - Marker setting fee _____

Recording and filing fee E-15754 _____

Sales taxes " _____

Total Due 0

Paid receipt number _____

Balance due 0

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

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

Signature of recorded holder of deed

Signature

X

Address

X

City

Zip Code

X

Telephone

X

Telephone

Invoice #

Acct. #

Work Order # E

E17936
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.

			Walker	Harrison		
	AREN		x	Plegson	Lovette	

Blind Check Initiated By: Paulette C. Date: 7-23

Interment space for: Margaret Nix

Interment Date: Delivery Time: 7/28 2:00 ~~10:30~~

Div: 12 Sect: 1 Blk/Row: Lot: 35 Gr: 2

Grave Laid out by: N FERGUSON Delivery Only

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag on grave

Blind Check & Verified By: [Signature] Date: 7/23/13

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARGARET		1B. MIDDLE -	1C. LAST (FAMILY) NIX	2. DATE OF BIRTH MONTH DAY YEAR 12/10/1918	3. DATE OF DEATH MONTH DAY YEAR 07/14/2003	4. SEX F
5A. CITY OF DEATH NATIONAL CITY			5B. COUNTY OF DEATH—OUTSIDE CALIF. SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT GREGORY A. BROWN—CONSERVATOR 5201-A RUFFIN RD. SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 07/28/2003			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 07/28/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. LEMON JR.
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 4400 MISSION CEMETERY 3731 MARKET ST. SAN DIEGO, CA 92102		11B. DATE BURIED 7-29-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-22-03

AT Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Nix in a DB Crypt (A) Funeral, date, time July 29 10:30 Church, Chapel, Graveside Delivery S.D. Memorial All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$150 will be applied and billed to undersigned.

7/29 \$45

Lot 35 Grave 2 Row 1 Section 1 Division/Block 12
Grave space & Care Fund E-15754
Additional spaces and care fund E-15754
Opening/Closing & Setup E-15754
Burial Container E-15754
Handling Fees E-15754
Flower vases - Marker setting fee E-15754
Recording and filing fee E-15754
Sales taxes E-15754

Total Due E-15754

Paid receipt number E-15754

Balance due E-15754

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

I hereby authorize the interment in lot I hold under deed

Joseph L. Nix Jr.
2441 University Ave.
S.D. CA 92104
619 692-3090

Signature of recorded holder of deed

Buette

17936

Work Order # E

Invoice #

Acc. #

MEA-104 (7-96)

This information is available in alternative formats upon request.

A document is required paper

ASHES TO BE
PLACED IN
CENTER
AT NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-23-03

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

of Janel W. Colerick ⁹³⁰⁰
in a (using) Ash Vault ^{own} Funeral, date, time July 31st Thurs.
Church, Chapel Graveside; Family Mortuary.

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

will be applied and billed to undersigned. _____

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

Grave space & Care Fund B - 3329 0

Additional spaces and care fund 14 1/2' x 10 1/2' x 10 1/2' 0

Opening/Closing & Setup 116.00

Burial Container NO VAULT (BRINGING OWN) 0

Handling Fees PAID 66.00

Flower vases - Marker setting fee _____

Recording and filing fee JUL 29 2003 50.00

Sales taxes _____ 10

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 236.73

Paid receipt number R-56517 232.00

Balance due 0

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

CHERRYL TAKE SAITA

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

X Cheryl Take Saita
Signature

X 21 CLOE CT.
Address

SACRAMENTO, CA 95835
City Zip Code

(916) 419-7781
Telephone

Signature of recorded holder of deed

Paullette

Work Order # E

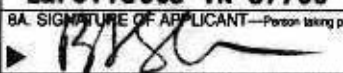
Invoice # _____

Acct. # _____

E17937

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Opal	1B. MIDDLE Jewel	1C. LAST (FAMILY) Colerick	2. DATE OF BIRTH MONTH, DAY, YEAR 09/16/1916	3. DATE OF DEATH MONTH, DAY, YEAR 06/28/2003	4. SEX F
5A. CITY OF DEATH LaFollette		5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE Tennessee		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Karen Videtich (Daughter) 184 Red Cedar Rd LaFollette TN 37766	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Nightingale - Gilmore Funeral Chapel 1030 Del Paso Blvd Sacto CA 95815			7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 912		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit:  8B. DATE SIGNED 07/24/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9A. AMOUNT OF FEE PAID 13.00 9B. DATE PERMIT ISSUED 07/24/2003 B. Sharer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT FAX AUTH # 0308
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO Box 85222 San Diego CA 92186-5222			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St San Diego CA 92102	11B. DATE BURIED 7-31-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

July 21, 83

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur & Virginia Segawa

in a _____ Funeral, date, time _____

Type of Burial Container
Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 4418 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
JUL 21 1983
MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 50 -

Paid receipt number R 56493

Balance due 0

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

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

Signature of recorded holder of deed

Pam

17938

Work Order # E

Signature _____

Address _____

City E-17929 Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____



217938

THE CITY OF SAN DIEGO

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

Date: July 11, 2003

I/We MARY KANEYUKI

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO ARTHUR G. GINNY SEGAWA
Street Address: 2544 DRYDEN RD Apt / Unit #: —
City: SAN DIEGO EL CAJON ST: CA Zip-Code: 92020
Telephone #: (619) 465-2740

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 10 Section: "N/A" Blk / Row: "N/A"
Lot(s): 4618 Grave(s): 1

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 21ST day July 2003

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

WITNESS

Mary Kanezuki
Legal Owner / Representative Signature

WITNESS

Pamela Hartzel
Legal Owner / Representative Signature
Cemetery Representative Signature

Paulette Crawford
CEMETERY REPRESENTATIVE NAME



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date

7/24/03

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

of

Richard W. Bieber

in a

13 Vault

Funeral, date, time

Monday July 28th

Church, Chapel

Type of Burial Container

Graveside

Greenwood Mortuary 11:00

All Funeral cars 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

1

Division/Block

8

Grave space & Care Fund

B-9787

0

Additional spaces and care fund

Opening/Closing & Setup

413.00

Burial Container

PAID

275.00

Handling Fees

204.00

Flower vases - Marker setting fee

JUL 24 2003

Recording and filing fee

MT. HOPE CEMETARY

50.00

Sales taxes

CITY OF SAN DIEGO, CA

21.31

Total Due

963.31

Paid receipt number

R-56507 963.31

Balance due

0

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

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

Signature of recorded holder of deed

Signature

x Elaine Bieber

Address

x 3004 Suncrest Dr.

City

x San Diego, CA 92120

Telephone

(619) 287-1024

Zip Code

17939

Invoice #

Acct. #

Work Order # E

817939

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.

Crumley	1531 X	1532 X	1533 X			

Blind Check Initiated By: M. W. C. Date: 7-24-03

Interment space for: Richard W. Bieber

Interment Date: 7/28/03 Time: 11:00 Graveside

Div: 8 Sect: 1 Blk/Row: _____ Lot: 1523 Gr: _____

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. W. C. Date: 7/25/03

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) RICHARD		1B. MIDDLE W.	1C. LAST (FAMILY) BIEBER		2. DATE OF BIRTH MONTH DAY YEAR 05/31/1925	3. DATE OF DEATH MONTH DAY YEAR 07/23/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELAINE BIEBER - WIFE 3004 SUNCREST DRIVE SAN DIEGO, CA 92116			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY - 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Azzaro</i>		8B. DATE SIGNED 07/25/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.							
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 07/25/2003	
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZZARO 2312351		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222					
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)							
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102		11B. DATE BURIED 7-28-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen F. [Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-24-03

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

in a T. S. Vault Funeral, date, time Tues July 29 1:30
Church Chapel Graveside : Chapman Mortuary.

All Funeral cars 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 3 Row _____ Section A Division/Block MAS

Grave space & Care Fund C-1647 0

Additional spaces and care fund _____

Opening/Closing & Setup 413.00

Burial Container 275.00

Handling Fee 204.00

Flower vases - Marker setting fee PAID

Recording and filing fee 50.00

Sales taxes JUL 24 2003 21.31

MT. HOPE CEMETARY Total Due 963.31
CITY OF SAN DIEGO C-R-8650 963.31

Balance due 0

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

SAMUEL PARISA

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

Signature of recorded holder of deed

Paulette

17940

Work Order # E

Invoice # _____

Acct. # _____

E17940

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				
		PARISA				Johnson CHARLIE

Blind Check Initiated By: Paulette C. Date: 7/25

Interment space for: Marlene Parisa

Interment Date: 07/29/03 Time: 1:30 Chapel

Div: MAS Sect: A Blk/Row: Lot: 32 Gr:

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY Date: 7-28-03

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARLENA		1B. MIDDLE F.	1C. LAST (FAMILY) PARISA	2. DATE OF BIRTH MONTH, DAY, YEAR 08/10/1935	3. DATE OF DEATH MONTH, DAY, YEAR 07/23/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SAMUEL G. PARISA - HUSBAND 3014 LLOYD STREET SAN DIEGO, CA 92117		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIRMONT MORTUARY - 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1126		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 07/28/2003		
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 PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/29/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT DIANA LEWIS 2312492
ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-29-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 28, 03

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

of Frank Stolys

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 88 Grave 12 Row _____ Section 2 Division/Block 7

Grave space & Care Fund _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413

Burial Container _____ 275

Handling Fees _____ 204

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50

Sales taxes _____ 21.31

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due _____ 913.31

Paid receipt number 56513 96331

Balance due 0

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

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

Signature of record holder of deed _____

Signature X Frank C. Stolys
Address 13450 HWY 8 BUS STOP 36
City LA MESA CA 92040-5221
Telephone 619 561 8589
Zip Code

17941

Work Order # E

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/25/2003

228008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Transfer to Samuel Parisa from Mary Eliza Parisa-Young

in a _____ Funeral, date, time _____

Church, Chapel, Grave side _____ Mortuary.

All Funeral cars 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 1-6 Row _____ Section A Division/Block Masonic

Grave space & Care Fund _____ -

Additional spaces and care fund _____ -

Opening/Closing & Setup _____ -

Burial Container _____ -

Handling Fees _____ -

Flower vases - Marker setting fee _____ -

Recording and filing fee _____ -

Sales taxes _____ -

Total Due _____ -

Paid receipt number _____

Balance due _____ -

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

Samuel G. Parisa

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

Signature of recorded holder of deed _____

3014 Lloyd Street
San Diego, CA 92117

City _____ Zip Code _____

(619) 276-1190

Telephone _____

Work Order # E 17942

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/25/2003

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Transfer to Samuel Parisa from Mary Eliza Parisa-Young

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 206 Grave 15 Row _____ Section A Division/Block Masonic

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fee _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

Samuel G. Parisa

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

Signature of recorded holder of deed _____

2014 Lloyd Street
San Diego, CA 92117

City (619) 276-1190

Zip Code

Telephone

Work Order # E

Invoice # _____

Acct. # _____

E17943

7-25-03

THE CITY OF SAN DIEGO

SAN DIEGO, CALIFORNIA
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

Dear Mrs. Young:

After 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.

*Lots purchased
MEPY-*

Sincerely,

R. W. Dehne

Raymond W. Dehne
Cemetery Manager

cc: file

*Sam Parisa
phone: 619-276-9578
cell: 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 Farisa's graves located in Mount Hope Cemetery in San Diego.

The Mount 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 "Farisa" family, but I was buying them for the special use of you and your Farisa 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 Perkins 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 burials. 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 Mt Hope Cemetery for the family. All told six in your plot. Seven in the plot where Andrew is. With the little extension to the east. And the grave back of the grandparents marker. As luck would have it, that grave just covered the two graves of the grandparents. Makes fourteen graves in all. With the little square protruding to the east.

File this letter for future use. With Love.

Mary E. Farisa Young.

They would have no more 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.

TO WHOM IT MAY CONCERN:

1 March 1965

E17943

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:

R. W. Deane

Mary Eliza Parisa Young

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

Lot 42 $\frac{1}{2}$ Grave 1 & 2 Section Masonic Division A

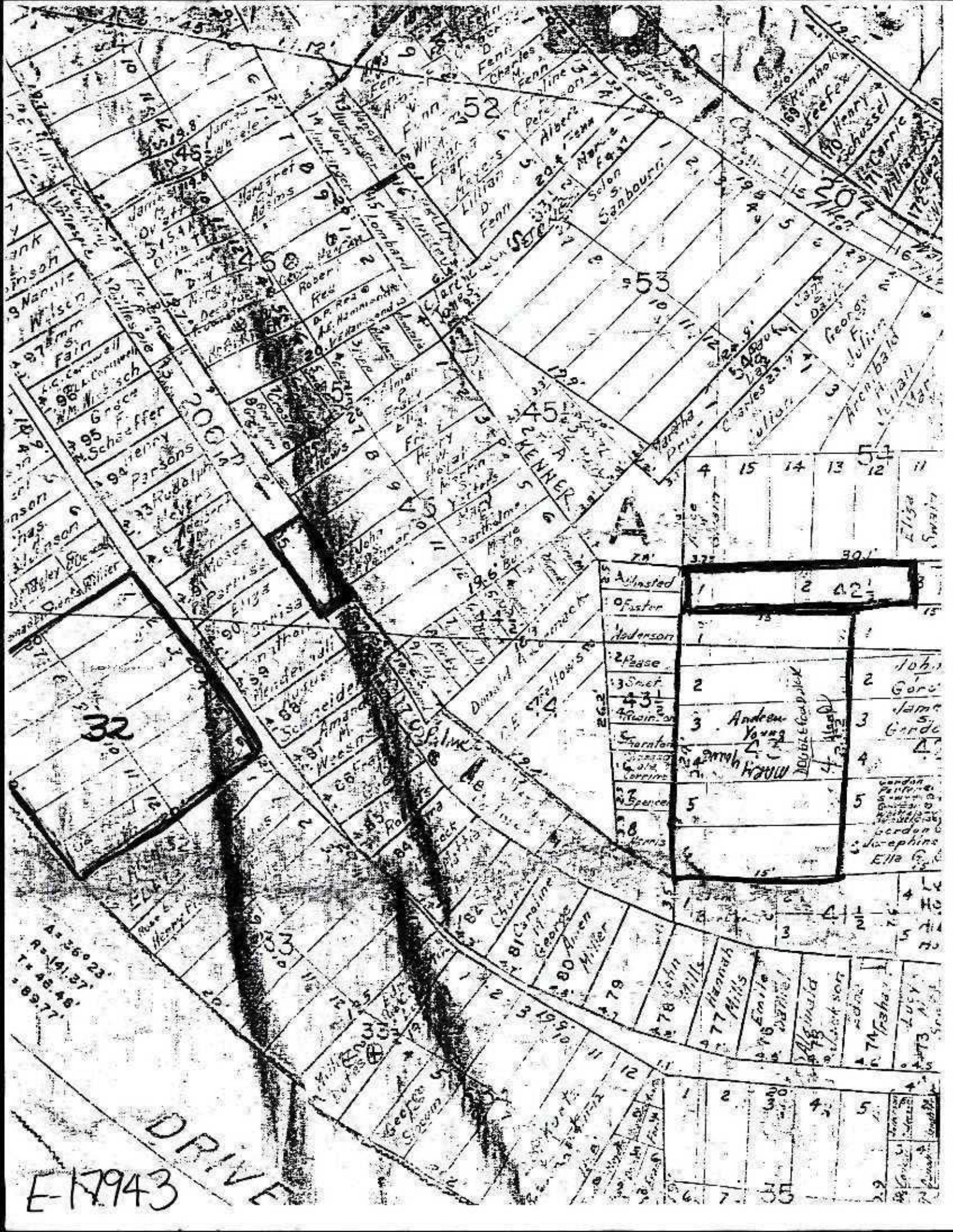
- Lot 43 Graves 1 thru 6 Section Masonic Division A

- Lot 206 Grave 15 Section Masonic Division A

- Lot 32 Graves 1 thru 6 Section Masonic Division A

(Lot 90 Section Masonic Division A

(Lot 91 Section Masonic Division A



DRIVE

E-17943

A = 36.023
B = 141.37
C = 48.48
D = 89.77

Adjusted	1	2	42	3
O'Faster				
Hederson				
2 Base				
3 Snet	2			
43 1/2				
4 Rain				
5 Martin				
6 and 6				
7 Spencer	5			
8 Harris				
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John
Gordon
James
Gordon
Andean Young
Gordon
Josephine
Ella G.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-25-2003

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Transfer to Samuel Parisa from Mary Eliza Parisa-Young

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 43 Grave 1-6 Row _____ Section A Division/Block Masonic

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

Samuel G. Parisa

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

Signature of recorded holder of deed

3014 Lloyd Street
Address San Diego, CA 92117

City _____ Zip Code _____

Telephone (619) 276-1190

Work Order # E

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/25/2003

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Transfer to Samuel Parisa from Mary Eliza Parisa-Young

In a _____ Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 42-1/2 Grave 1 & 2 Row _____ Section A Division/Block Masonic

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

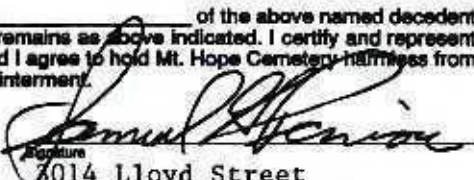
Balance due _____

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

Samuel G. Parisa

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

Signature of recorded holder of deed _____


Signature
3014 Lloyd Street
Address
San Diego, CA 92117

City _____ Zip Code _____

(619) 276-1190

Telephone _____

Work Order # **E** 17945

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 28 2003

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Dorelle Seguin
in a #2 AB Vault Funeral, date, time Wed 7/30 9:30
Type of Burial Container
Church Chapel, Graveside; Conrad Mortuary.

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

Lot 236 Grave 1 Row 3 Section 3 Division/Block 8

Grave space & Care Fund 770.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container **PAID**

Handling Fees

Flower vases - Marker setting fee JUL 28 2003

Recording and filing fee MT: HOPE CEMETARY

Sales taxes CITY OF SAN DIEGO, CA

Total Due 770.00

Paid receipt number R56514 770.00

Balance due 0

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

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

Signature of record holder of deed

Conrad Mortuary
7387 Broadway
San Diego, CA 92145
619-460-4601
Zip Code

Invoice #

Acct. #

Work Order # **E** 17946

217946
MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		Campbell	Longe	Walson		tree
			X	Wright		
			Shurt			

Blind Check Initiated By: Ran Date: 7/28

Interment space for: Danielle Seguin

Interment Date: Wed 7/30 Time: 9:30

Div: 8 Sect: 3 Blk/Row: 2 Lot: 2136 Gr: 1

Grave Laid out by: NORMAN FERGUSON

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

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Dan Horgan 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.

The burial site for Dinielle R Seguin is identified as:

Lot 2136 Grave 1 Section 3 Division 8

We acknowledge that we have been advised that the remains of DINIELLE R SEGUIN may not be present and/or intact.

Carolyn L. Seguin
SIGNATURE(S)

Mother
RELATION TO DECEASED

WITNESSED BY
7-5-03
DATE

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 5 DAY OF July, 2003
Daniel Schueller
NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

E17996

CERTIFICATE OF DEATH

3200333002268

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Frederick		2. MIDDLE Theodore	
3. LAST (Family) Seguin, Jr.		4. DATE OF BIRTH month/day/year 12/14/1938	
5. AGE Yrs. 64		6. SEX M	
7. BIRTH STATE VT		8. SOCIAL SECURITY NUMBER 555-52-1618	
9. MARITAL STATUS (at time of death) Married		10. DATE OF DEATH month/day/year 03/01/2003	
11. HOURS (24 Hours) 0541		12. DECEDENT'S RACE - (Up to 2 names only if last name is insufficient) white	
13. USUAL OCCUPATION - Type of work, for most of life. DO NOT USE RETIRED Administrator		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, steel construction, employment agency, etc.) Petroleum Products	
15. YEARS IN OCCUPATION 32		16. DECEDENT'S RESIDENCE (Street and number or location) 9239 Robinson Lane	
17. CITY Corona		18. COUNTY/PROVINCE Riverside	
19. ZIP CODE 92883		20. YEARS IN COUNTY 1	
21. STATE/FOREIGN COUNTRY CA		22. INFORMANT'S NAME, RELATIONSHIP Carolyn Seguin - Wife	
23. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 9239 Robinson Lane, Corona, CA 92883		24. NAME OF SURVIVING SPOUSE - FIRST Carolyn	
25. MIDDLE Lee		26. LAST (Maiden Name) Randall	
27. NAME OF FATHER - FIRST Frederick		28. MIDDLE Theodore	
29. LAST Seguin, Sr.		30. BIRTH STATE VT	
31. NAME OF MOTHER - FIRST Kathleen		32. MIDDLE -	
33. LAST (Maiden Name) Therlault		34. BIRTH STATE VT	
35. DISPOSITION DATE month/day/year 03/06/2003		36. PLACE OF FINAL DISPOSITION Holy Sepulcher Cemetery, 7845 E. Santiago Cyn Rd, Orange, CA 92869	
37. TYPE OF DISPOSITION Burial		38. SIGNATURE OF QUALIFIER <i>B. Roy Miller</i>	
39. NAME OF FUNERAL ESTABLISHMENT Thomas Miller Mortuary		40. LICENSE NUMBER FD 66	
41. SIGNATURE OF LOCAL REGISTRAR <i>Gary Feldman MD</i>		42. DATE month/day/year 03/03/2003	
43. PLACE OF DEATH Own Residence		44. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other <input checked="" type="checkbox"/> Decedent's Home	
45. COUNTY Riverside		46. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 9239 Robinson Lane	
47. CITY Corona		48. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
49. CAUSE OF DEATH Myocardial Infarction		50. DATE REPORTED TO CORONER 1 Day	
51. HYPERTENSION Hypertension		52. BODY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
53. ALTERED PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		54. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Tobacco Use			
56. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) No			
57. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 03/01/2002 03/01/2003		58. SIGNATURE AND TITLE OF CERTIFIER <i>Richard Cho, MD</i>	
59. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Richard Cho, MD, 3010 W. Orange Ave, Anaheim, CA 92804		60. LICENSE NUMBER A055251	
61. DATE 03/01/2002		62. DATE 03/01/2003	
63. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		64. INJURED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN	
65. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		66. INJURY DATE month/day/year	
67. HOUR (24 Hours)		68. SIGNATURE OF CORONER / DEPUTY CORONER	
69. DATE month/day/year		70. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
71. STATE REGISTRAR		72. FAX AUTH # 039130	
73. CENSUS TRACT		74. COUNTY OF RIVERSIDE	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

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 MD
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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**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 Tsung-Kuang Chiu + Ming Yu Jin

In a Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 141 Grave 10911 Row _____ Section 2 Division/Block 11

Grave space & Care Fund _____ CBA A

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413 x 2 826 -

Burial Container _____ 209 x 2 418 -

Handling Fees _____ 160 x 2 320 -

Flower vases - Marker setting fee JUL 28 2003 _____

Recording and filing fee _____ 50 x 2 100 -

Sales taxes _____ 16.2 x 2 32.40

PAID
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due _____ 1696.40

Paid receipt number R 56315 1696.40

Balance due 0

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

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

Signature of recorded holder of deed _____

X Tsung-Kuang Chiu
Signature
7761 Balboa St Apt 73
Address
San Diego, CA 92111
City
(619) 696-0314
Telephone

Work Order # E 17947

Invoice # _____
Acct. # _____

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 Marjorie Ettinger marion

In a liner Funeral, date, time CABurial Wed 7/30

Church, Chapel, Graveside ; 11:00 Mortuary.

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

Lot 54 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____ 985-

Additional spaces and care fund _____

Opening/Closing & Setup _____ **PAID** 413-

Burial Container _____ 209-

Handling Fees _____ JUL 29 2003 160-

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

Recording and filing fee _____ **CITY OF SAN DIEGO, CA** 50-

Sales taxes _____ 16.20

Total Due _____ 1833.20

Paid receipt number R-56522 1833.20

Balance due 0

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

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

Signature of recorded holder of deed

Fam

Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E** 17948

E17948

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		tree				
			X			
Hayes			Parkoff			

Blind Check Initiated By: Ran Date: 7/28

Interment space for: Marjorie Ettinger

Interment Date: Wed 7/30 Time: 11:00

Div: 12 Sect: 1 Blk/Row: Lot: 54 Gr: 6

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY Date: 7-29-03

flag on
grave

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 Margorie Ettinger

In a

Cremation
Type of Burial Container

Funeral, date, time

CABENIAL Wed 7/30

Church, Chapel, Gravecides

11:00

Mortuary.

All Funeral cars must arrive before 2:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 54 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund

985-

Additional spaces and care fund

Opening/Closing & Setup

413-

Burial Container

209-

Handling Fees

160-

Flower vases - Marker setting fee

Recording and filing fee

50-

Sales taxes

16.20

Total Due

1833.20

Paid receipt number

Balance due

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

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

Signature of recipient holder of deed

X 5880 EL CAMINO BLVD
Address
X SAN DIEGO CA 92115
City
X 619 234-3272
Telephone

17948

Work Order #

E

Invoice #

Acct #

RSA-104 (7-88)

This information is available in alternative formats upon request.

© Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARJORIE	1B. MIDDLE EILEEN	1C. LAST (FAMILY) ETTINGER	2. DATE OF BIRTH MONTH DAY YEAR 12/26/1950	3. DATE OF DEATH MONTH DAY YEAR 07/26/2003	4. SEX F
5A. CITY OF DEATH SSAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SSAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GLORIA MCNETT-FRIEND 202 DEKROCK PL. SAN DIEGO CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/29/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 07/29/2003 K JONES	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312570
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 7-30-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-28-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leola Betterson White 134098

In a T.S. Vault Funeral, date, time Tues. July 29th 1:00

Church, Chapel, Graveside Bethel Assembly; Cypress View Mortuary.

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

will be applied and billed to undersigned.

Lot 34 Grave 7 Row 2 Section A Division/Block MAS

Grave space & Care Fund 175500

Additional spaces and care fund PAID

Opening/Closing & Setup 413.00

Burial Container JUL 28 2003 275.00

Handling Fees MT. HOPE CEMETARY 204.00

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA

Recording and filing fee 50.00

Sales taxes 21.31

Total Due 2718.31

Paid receipt number R-56516 5098.00

Balance due 0

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

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

Gary Naiman
Signature of record holder of deed

Gay Naiman
Signature
1850 Sky Flower Ct
Address
Las Vegas, NV- 89123
City Zip Code
702-604-1630 702-896-6750
Telephone

Work Order # E 17949

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LEOLA		1B. MIDDLE BELL		1C. LAST (FAMILY) WHITE		2. DATE OF BIRTH MONTH DAY YEAR 01/07/1920		3. DATE OF DEATH MONTH DAY YEAR 07/27/2003		4. SEX F	
5A. CITY OF DEATH LA MESA				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GARY NAIMAN - DPOA 1850 SKY FLOWER CT LAS VEGAS NV 89123			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ECM-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-670		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pamela Valente</i>		8B. DATE SIGNED 07/28/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 07/28/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT P. VALENTINE			
				9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 35%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>											
FOR CORONER'S USE ONLY											
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MY HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102				11B. DATE BURIED 7-29-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. [Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 24 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carol Waymon 134099

in a TS Vault Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

Lot 4002 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 1205-

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413-

Burial Container _____ 275-

Handling Fees _____ 204-

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50-

Sales taxes _____ 21.31

Total Due _____ 2148.31

Paid receipt number R56500 1084.00

Balance due 1084.31

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

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

Signature of recorded holder of deed

Law

17950

X Carol W. Waymon
410 So. 41st St.
SAN Diego CA 92113
(619) 263-4929

invoice # _____

Acct. # _____

134099

E-17950

WAYMAN, CARROL 910 S 41st St SD 92113 (619) 263-4929

			debit	credit	balance
07-28-2003	Pre-need lot and trust to include 1 open/close, ts vault, handling fee, recording fee and tax w/ 25% down R-56520.				
			2000 241.70 50% off 4	963.31	
	Div 10 Lot 4862 Gr 1		1205.00		2168.31
				1084.00	1084.31
8-21-03	56602	Coupon 1		45.00	1039.31
10-20-03	56806	213		90.00	949.31
1-21-04	57115	415		90.00	859.31
8-25-04	mailed delinquent notice				
9-27-04	58052			859.00	0

PAID

SEP 24 2004

MOUNT HOPE

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58052

 Date: Sept 24, 20 04
 From: Caryl Waymon Address: 910 S. 41st St 80 92113
 Dollars (\$) 859.00

 In full Payment of pre-need
 Div 10 Sec _____ Bk/ Row _____ Lot 4862 Grave 1
Invoice No. E17950

Acct. No. _____

W.O. _____

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

SEP 24 2004

MOUNT HOPE CEMETERYISSUED BY Paullette O. Sam

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>859.00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>859.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56806

MOUNT HOPE CEMETERY

(619) 527-3400

 From: Carol Wayman Address: 9103. 41st St. SD 92113 Date: Oct 20 2003
Ninety Dollars (\$ 90.00)

 in part Payment of pre need
 Lot 4802 Grave 1 Row _____ Section _____ Division 10 Block _____
Invoice No. E 17950

Acct. No. _____

W.O. _____

BALANCE DUE 949.31NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

OCT 20 2003

MOUNT HOPE CEMETERY

ISSUED BY

Dam Hetzel

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

76 00

14 00

90 00

TOTAL PAID

\$

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

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56602

MOUNT HOPE CEMETERY

(619) 527-3400

From: Carol Waymon Date: Aug. 21, 20 03
Forty Five \$100/100 Address: 910 S. 41st St SD 92113
 in part Payment of prepaid lot & trust Dollars (\$ 45.00)
 Lot 4802 Grave 1 Row _____ Section _____ Division 10
 Block _____

Invoice No. E-17950

Acct. No. _____

W.O. _____

BALANCE DUE 1039.31NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

AUG 21 2003

MT. HOPE CEMETARY

CITY OF SAN DIEGO, CA

ISSUED BY

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

TOTAL PAID

\$

45 0045 00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/30/03

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

of Transfer from Paul & Amos to Ellen Hamilton

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

XPR 48 TO CHARLOTTE HAMILTON 6-23-09
Lot 67 Grave 445 Row _____ Section 4 Division/Block 6

Grave space & Care Fund D-5293 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee PC 58 125

Sales taxes _____

Total Due 1050.00

Paid receipt number _____

Balance due 0

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

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

Signature of recorded holder of deed

Edmund Fogell
Signature
6322 El Cajon Blvd
Address
San Diego CA 92115
City Zip Code
619 583 9511
Telephone

Bullett

Work Order # E

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK FILE

 CITY OF SAN DIEGO, CALIFORNIA
 AT-NEED PURCHASE
 MOUNT HOPE CEMETERY
 (619) 527-3400

E-17951

61757

Date: 6-23-20 09

 From: MARY HAMILTON Address: 1538 GOLDEN GATE DR. S.D. 92116
 SIXTY FIVE & NO 100 Dollars (\$ 65.00)

in Full Payment of QUIT CLAIM TRANSFER FROM ELEN HAMILTON

Div 6 Sec 4 Blk/ Row Lot 67 Grave 4

Invoice No. 208333

Acct. No. D005293

W.O.

BALANCE DUE

E 17951

☐ Money Order☐ Charge☒ Check 1068
 NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.


ISSUED BY

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

TOTAL PAID

\$

65 -

AC-212A (11-06)

This information is available in alternative formats upon request.

817951

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

Date: June 23, 2009

I/We Ellen F. Hamilton

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Charlotte Hamilton

Street Address: 1538 Golden Gate Dr.

Apt / Unit #: _____

City: San Diego

ST: CA

Zip-Code: 92116

Telephone #: (619) 297-1704

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 6

Section: " 4 "

Blk / Row: " "

Lot(s): 67

Grave(s): 4

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 23rd day June 2009

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

WITNESS
Charlotte Hamilton
WITNESS
[Signature]
CEMETERY REPRESENTATIVE NAME

Legal Owner / Representative Signature
Ellen F. Hamilton
Legal Owner / Representative Signature
[Signature]
CEMETERY REPRESENTATIVE SIGNATURE

E17951



THE CITY OF

SAN DIEGO

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

QUITCLAIM DEED

In consideration of The transfer of said lot from
Paul or Amos Hamilton to Ellen Hamilton

X I/We _____
DO HEREBY REMISE, RELEASE, AND QUITCLAIM to X Ellen Hamilton

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 67 Grave 425 Row _____ Section 4 Division/Block 6

TO HAVE AND TO HOLD the above-described quitclaimed property unto the
said _____, its successors and assigns forever.

WITNESS my/our hand this 30th day of July 192003

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

[Signature]
Witnesses

[Signature]
6322 El Cajon Blvd
San Diego, CA 92115
619 583-9511

RECORDING REQUESTED BY

Recorded Mt Hope Cemetery on 12-20-74
B.W. Lehne Com. mgr.

AND WHEN RECORDED MAIL TO

NAME Bertha Fassler
ADDRESS 12361 Montague St.
CITY & STATE Pacoima, CA 91331

MAIL TAX STATEMENTS TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Documentary transfer tax \$.....
☐ Computed on full value of property conveyed, or
☐ Computed on full value less liens & encumbrances remaining thereon at time of sale.

Signature of declarant or agent determining tax - firm name
☐ Unincorporated area City of.....

Quitclaim Deed

THIS FORM FURNISHED BY SECURITY TITLE INSURANCE COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I,

BERTHA FASSLER

do hereby remise, release and forever quitclaim to

PAUL HAMILTON

the following described real property in the Mt. Hope Cemetery county of San Diego,
state of California:

Lot 67 Graves 4 & 5 Section 4 Division 6

Dated October 8, 1974

Bertha Fassler

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On October 8, 1974 before me, the under-
signed, a Notary Public in and for said County and State, personally
appeared Bertha Fassler

_____, known to me
to be the person whose name is subscribed to the within
instrument and acknowledged that she executed the same.

Ruth I. Riley
Signature of Notary

Ruth I. Riley
Name (Typed or Printed) of Notary

Title Order No. _____ Escrow No. _____

FOR NOTARY SEAL OR STAMP



In the
grave with
Catherine
Fitch
AT NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-30-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVID RICHARDSON FITCH

in a ASH VAULT Funeral, date, time AYD

Church, Chapel, Grave site Delivery Only GREENWOOD Mortuary.

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

Lot 18 Grave 4 Row _____ Section IOOF Division/Block 5

Grave space & Care Fund E-10429 0

Additional spaces and care fund PAID

Opening/Closing & Setup 116.00

Burial Container JUL 30 2003 61.00

Handling Fees 66.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 50.00

Sales taxes 4.73

Total Due 297.73

Paid receipt number R-56525 297.73

Balance due 0

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

NANCY E. FITCH
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Paulotti 714 6
17952
Work Order # E

Signature [Signature]
Address 140 Clove Pl
Brea CA 92821
City 714 Zip Code 529 0336
Telephone

Invoice # _____

Acct. # _____

E17952

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.

	white	white	Fitch Catherine	Fitch Dellie		
			CARKIN			

Blind Check Initiated By: Paulette C. Date: 7/3

Interment space for: DAVID FITCH

Interment Date: AYD Time: _____

Div: 100P Sect: _____ Blk/Row: 5 Lot: 18 Gr: 4

Grave Laid out by: _____

Agrees with Legal Card: ☒ Yes ☐ No

Flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. Antennack Date: 5/6/23

E17952

Name of Cemetery/Funeral Home GREENWOOD MEMORIAL PARK AND MORTUARY #19 12103

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: FITCH, DAVID RICHARDSON

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 15th day of June

Address MOUNT HOPE
Street City State Zip

Signature: Randa H. Hylton
Authorized Representative SSN #/Photo ID Relationship to Deceased

Signature: _____
Authorized Representative SSN #/Photo ID Relationship to Deceased

Witness: _____
Representative of Cemetery/Funeral Home

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E17952

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

1A. NAME OF DECEDENT—FIRST (GIVEN) DAVID		1B. MIDDLE RICHARDSON		1C. LAST (FAMILY) FITCH		2. DATE OF BIRTH MONTH, DAY, YEAR 07/23/1914		3. DATE OF DEATH MONTH, DAY, YEAR 07/29/2003		4. SEX M	
5A. CITY OF DEATH LA MESA				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NANCY FITCH - DAUGHTER 140 CLOVE PLACE BREA, CA 92821					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED AIMEE CRABTREE 07/31/2003			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 07/31/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT AIMEE CRABTREE 2312689	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET SAN DIEGO, CA 92102				11B. DATE BURIED 8-6-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David Fitch</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY - I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102				12B. DATE CREMATED 08/05/03		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>RTS</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

COPY 1

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

VS 9 (REV. 8/81)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 30, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul Chreno 139104
in a liner Funeral, date, time Mon 8/4 2:00
Church, Chapel, Graveside; Hickley Mitchell Graveside

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

Lot 182 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund 413-

Opening/Closing & Setup 209-

Burial Container 160-

Handling Fees PAID

Flower vases - Marker setting fee JUL 31 2003

Recording and filing fee MT. HOPE CEMETARY 50-

Sales taxes CITY OF SAN DIEGO, CA 16.20

Total Due 1833.20

Paid receipt number R56523 1833.20

Balance due 0

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

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

Signature of recorded holder of deed

Pam

Work Order # E

REA-104 (7-98)

17953

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

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.

		Elchay	McDermott	McDermott		
			X	Fu	lan	
		Hearn	Hearn	giving		

Blind Check Initiated By: Ram Date: 8/27/30

Interment space for: Paul Orens

Interment Date: Mon 8/4 Time: 2:00

Div: 12 Sect: 2 Blk/Row: 182 Gr: 9

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY Date: 7-31-03

flag in
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) PAUL		1B. MIDDLE -	1C. LAST (FAMILY) CHRENO		2. DATE OF BIRTH MONTH, DAY, YEAR 02/22/1916	3. DATE OF DEATH MONTH, DAY, YEAR 07/20/2003	4. SEX M.
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CRYSTAL GOODMAN - DAUGHTER 1868 E. WESTINGHOUSE ST. SAN DIEGO, CA 92111		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVE., SAN DIEGO, CA 92103				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Nancy Lopez</i>	
8B. DATE SIGNED 07/22/2003							

9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 07/23/2003 NANCY LOPEZ		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312171							
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222						9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-4-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-30-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jos Rosario Joseph Patti

In a 1st Vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 4925 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 1205.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413.00

Burial Container _____ 275.00

Handling Fees _____ 204.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50.00

Sales taxes _____ 21.31

Total Due _____ 2168.31

Paid receipt number R-96528 2168.31

Balance due 0

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

I hereby authorize the interment in lot I hold under deed

Rosario Patti
Signature

Rosario Patti (Rino Patti)
Signature of record holder of deed
619 934-4935

3530 36th St 92104
Address
(619) 281-8938
City
SD, CA
Zip Code
Telephone

Pattelli
Work Order # E 17954

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-30-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARSHIELD HOLLAND 134106

In a D.D. Crypt (A) Funeral, date, time Mon Aug. 4th 1:00
Church, Chapel, Graveside RAGSDALE Mortuary.

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

Lot 105 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund _____ 985.00

Additional spaces and care fund _____ AP

Opening/Closing & Setup _____ 418.00

Burial Container _____ 418.00

Handling Fees _____ 352.00

Flower vases - Marker setting fee _____ 50.00

Recording and filing fee _____ 32.40

Sales taxes _____ 2250.40

PAID
JUL 30 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due _____

Paid receipt number R-56529 2250.40

Balance due 0

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

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

Signature of recorded holder of deed

Roulette

Arshield Holland
Signature
7014 Neithers Way
Address
San Diego Ca 92114
City
619/266-1364
Telephone

17955

Work Order # E

Invoice # _____

Acct. # _____

E17955
MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

Johnson			X			
Hansen		Asiley	Hansboro	Hansboro		

Blind Check Initiated By: Paulette Date: 7/31/03

Interment space for: ARSHIELD HOLLAND

Interment Date: 8-4-03 Time: 1:00 Church

Div: 11 Sect: 1 Blk/Row: _____ Lot: 105 Gr: 4

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 7-31-03

flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Arshield		1B. MIDDLE -	1C. LAST (FAMILY) Holland	2. DATE OF BIRTH MONTH DAY YEAR 12/18/1937	3. DATE OF DEATH MONTH DAY YEAR 07/27/2003	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Betty J. Holland, Wife 7014 Tuther Way San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <i>[Signature]</i> 07/30/2003		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID 13.00		9B. DATE PERMIT ISSUED 07/30/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312643 B. Campbell
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT IMPLIES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					

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

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

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

E17955

T-999 P 01/01 F-685

THIS IS AN INVENTORY AND NOT A RECORD
OF SERVICE

LAST NAME, FIRST NAME, MIDDLE NAME HOLLAN, ARSHIELD NMN		M 572 48 7347		37 12 19	
N/A		CSI		68 22 10	
DISCHARGED		BAKERSFIELD, CA 93387			
PHIBCO ONE, SAN DIEGO, CA 92155		DD256N			
HONORABLE		74 11 83			
PHIBCO ONE, SAN DIEGO, CA 92155		N/A			
N/A		SAN DIEGO, CA 92133			
CS - 1000		313-CHEFS/COOKS			
CS - 1000		N/A			
TE - NONE		NONE			
MEDA FOR PERIOD ENDING 23 NOV 73		THIRD GOOD CONDUCT			
<div style="display: flex; justify-content: space-between;"> <div> <p>RT 1, BOX 65C CAR WAGE, TX 75633</p> <p>E. F. BALLER, LCDR, USN DESIGNER OFFICER</p> <p>DD FORM 214N</p> </div> <div> <p>Signature: <i>Richard H. ...</i></p> <p>OFFICER AUTHORIZED TO SIGN</p> </div> </div>					

DD FORM 214N

PRECEDING EDITIONS OF THIS
FORM ARE OBSOLETE
A/N 0107-002-0002FORWARDED TO NAVAL DISTRICT WHERE MEMBER (DD-2 Series.)
REVERSED DESTROY IN ALL OTHER CASES

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7/31/03

AT NEED

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nalia Sharpe 134/24

in a Lines Funeral, date, time Friday Aug 8th 1:00
Church, Chapel, Grave, Graveside : CA Burealt Mortuary.
Mark

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 300
will be applied and billed to undersigned.

Lot 123 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund PAID

Opening/Closing & Setup 413.00

Burial Container AUG 07 2003 209.00

Handling Fees 160.00

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

Recording and filing fee 50.00

Sales taxes 16.20

Total Due 1833.20

Paid receipt number R 36564 1833.20

Balance due 0

Must. be bring
check

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

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

Signature of record holder of deed

Paulette

Work Order # E

REA-104 (7-98)

Andrea Stephens
1451 Saturn Blvd 208
San Diego CA 92154
619 423-6881
Telephone

Invoice # _____

Acct. # _____

17956

This information is available in alternative formats upon request.

Printed on recycled paper

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 marker's in the appropriate space(s) that are adjacent to the burial space.

			Person JR			
			X			
CRAIN	HESE					

Blind Check Initiated By: Ken Paulsen Date: 7/31Interment space for: Golia SharpeInterment Date: Fri 8/8 Time: 1:00Div: 12 Sect: 2 Blk/Row: Lot: 183 Gr: 3Grave Laid out by: NORMAN FERGUSONAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: DARREY Date: 7-31-03Flag on
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) GOLIA		1B. MIDDLE JEAN		1C. LAST (FAMILY) SHARPE		2. DATE OF BIRTH MONTH DAY YEAR 06/10/1946		3. DATE OF DEATH MONTH DAY YEAR 07/30/2003		4. SEX F	
5A. CITY OF DEATH LEMON GROVE				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANDREA STEPHENS—DAUGHTER 1451 SATURN BLVD. #308 S.D. CA 92154					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPL 8000 HIGHLAND AVE. NATIONAL CITY CA 91950				7B. CALIF. LICENSE NUMBER —IF APPLICABLE fd-1689		8A. SIGNATURE OF APPLICANT—Person taking permit: 				8B. DATE SIGNED 08/05/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 08/05/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT V. MITCHELL ▶ 2312916	
						9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)											

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8-8-3	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 13

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Geraldine Fyolek 134111

in a Crem Funeral, date, time Wed 8/6 9:30
Church, Chapel, Graveside all only : Mayer Mortuary.

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

Lot 13 Grave 4 Row Section 1 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund PAID

Opening/Closing & Setup 413-

Burial Container AUG 04 2003 204-

Handling Fee MT. HOPE CEMETARY 140-

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA

Recording and filing fee 50-

Sales taxes 16.20

Total Due 1833.20

Paid receipt number R-56542 1833.20

Balance due 0

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

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

Signature of recorded holder of deed

Pam

17957

Work Order # E

Signature [Signature]
Address 7820 CLAYMONT MESA BLVD
City SAN DIEGO
Zip Code 92121
Telephone 858-277-78-20

Invoice #

Acct. #

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.

Handwritten in grid cell (3,3):
 Haines
 Oakes
 Taylor
 X

Blind Check Initiated By: Tom Date: 7/31

Interment space for: Geraldine Fjeld

Interment Date: Wed 8/6 Time: 9:30

Div: 12 Sect: 1 Blk/Row: Lot: 13 Gr: 4

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 8-4-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) GERALDINE		1B. MIDDLE -	1C. LAST (FAMILY) FIJOLEK		2. DATE OF BIRTH MONTH, DAY, YEAR 03/16/1937	3. DATE OF DEATH MONTH, DAY, YEAR 07/25/2003	4. SEX F	
5A. CITY OF DEATH LA MESA			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GREG BROWN - PUBLIC GUARDIAN 5201-A RUPPIN RD. SAN DIEGO, CA 92123			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MAYER MORTUARY 2859 ADAMS AVE., SAN DIEGO, CA 92116			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1424		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 07/21/2003

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10326 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 07/31/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT R. MARTINEZ
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-6-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-31-03

AT Need
"Military Taps"

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Varner 134108

In a TS Vault Funeral, date, time Tues Aug 5th 11:00
Church Chapel, Graveside Ragsdale Mortuary.

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

Lot 111 Grave 7 Row Section 1 Division/Block 11

Grave space & Care Fund 985.00

Additional spaces and care fund

Opening/Closing & Setup 413.00

Burial Container 275.00

Handling Fees 204.00

Flower vases - Marker setting fee

Recording and filing fee 50.00

Sales taxes 21.31

Total Due 1948.31
Paid receipt number R-56537 1948.31

Balance due 0

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

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

Signature of recorded holder of deed

Paula

Work Order # E

REA-104 (7-95)

17958

Shirley Johnson
Signature 11029 Avenida Del Gato
Address SAN DIEGO CA 92126
City 858 831 0754 / 619 884-2904
Telephone 2904

Invoice #

Acct. #

This information is available in alternative formats upon request.

© Printed on recycled paper

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.

		Jewell	Bennett	Ross		
		CARIE	x	Payne	Davis	
			Lynch			

Blind Check Initiated By: Paulette C. Date: 8/1/03

Interment space for: James Varner

Interment Date: 8-5-03 Time: 11:00 Chapel

Div: 11 Sect: 1 Blk/Row: — Lot: 111 Gr: 7

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: David M. Nix Date: 4-4-03

Flag on
grave

E 17958

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <u>James</u>	1B. MIDDLE <u>Monroe</u>	1C. LAST (FAMILY) <u>Varner</u>	2. DATE OF BIRTH MONTH, DAY, YEAR <u>08/27/1927</u>	3. DATE OF DEATH MONTH, DAY, YEAR <u>07/24/2003</u>	4. SEX <u>M</u>
5A. CITY OF DEATH <u>Santa Maria</u>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <u>Santa Barbara</u>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <u>Olean H. Varner, Brother</u> <u>314 Southlook Avenue</u> <u>San Diego, CA 92113</u>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <u>Magner-Maloney Funeral Home</u> <u>600 E. Stowell Rd. Santa Maria, CA 93444</u>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <u>FD 270</u>		8A. SIGNATURE OF APPLICANT—Person taking permit <u>Mana Paris</u>
ACKNOWLEDGMENT OF APPLICANT <small>I hereby authorize as executor, administrator, or other person authorized by the laws of the State of California, the proposed disposition stated herein in one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>			8B. DATE SIGNED <u>07/29/2003</u>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <u>\$13.00</u>	9B. DATE PERMIT ISSUED <u>07/29/2003</u>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <u>[Signature]</u>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <u>315 Camino Del Remedio</u> <u>Santa Barbara, CA 93110</u>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <u>P.O. Box 85222</u> <u>San Diego, CA 92186-5222</u>		

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

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <u>Mt. Hope Cemetery</u> <u>San Diego, CA</u>	11B. DATE BURIED <u>8-5-03</u>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <u>[Signature]</u>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <u>[Signature]</u>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <u>[Signature]</u>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <u>[Signature]</u>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <u>[Signature]</u>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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-17958

kinko's®2142 South Bradley Road
Santa Maria, California, 93455

Tel: (805) 349-3774

Fax: (805) 349-8872

Fax Cover Sheet

Date: JULY 30, 2003To: _____Company: MT HOPE CEMETRYFax: 1 - 619 - 527 - 3403From: OLEAN H. VARNERCompany: BROTHER/OF/JAMES M. VARNER.Tel: 1 - 805 - 928 - 6361Number of pages including this one: _____

Comments:

TO PURCHASE PLOT IN
VETERANS SECTION

E-17958



PERIOD OF ACTIVE DUTY		DD FORM 131
FROM	TO	
7 July 1949	6 April 1965	
SIGNATURE OF INDIVIDUAL		
<i>James M. Varner</i>		
DATE OF EXPIRATION (Typed name and grade)		
6 April 1965		
If found, drop in mailbox, Postmaster: Postage guaranteed.		
Return to: Chief of Naval Facilities, Washington 25, D. C.		

RINKO S IN SANTA MARIA

07/30/03 11:53 FAX

002/002

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-1-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDWINA DANIELLE BILLUPS ¹³⁴¹¹⁰ yes ^{5 12:00}

In a T.S. VAULT Funeral, date, time Mon Aug 4, 10:00
Type of Burial Container Church Chapel Graveside; Simpson Farm. Mortuary.

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

Lot 247 Grave 6 Row 2 Section 2 Division/Block 12
Grave space & Care Fund 985.00
Additional spaces and care fund
Opening/Closing & Setup 413.00
Burial Container T.S. vault 275.00
Handling Fees 204.00
Flower vases - PAID
Recording and filing fee 50.00
Sales taxes AUG 01 2003 31.31

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1948.31
PA-56539 1948.31

Balance due 0

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

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

Signature of recorded holder of deed

Signature [Signature]
Address 1740 Herdby St #20
City Brookridge Zip Code 91325
Telephone 818-349-2194

Paul H

17959

Work Order # E

Invoice #

Acct. #

MT HOPE CEMETERY

E-17959

GRAVE BLIND CHECK FORM

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

		Garbelye	X			

Blind Check Initiated By: Paula C Date: 8/1/03Interment space for: Edwina D. BillupsInterment Date: 8-4-03 Time: 10:00 ChurchDiv: 12 Sect: 2 Blk/Row: Lot: 247 Gr: 6Grave Laid out by: NORMAN FERGUSONAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: DARREY Date: 8/1/03Flag on
grave

E-17959

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) EDWINA	1B. MIDDLE DANIELLE	1C. LAST (FAMILY) BILLUPS	2. DATE OF BIRTH MONTH, DAY, YEAR 09/11/1956	3. DATE OF DEATH MONTH, DAY, YEAR 07/29/2003	4. SEX FEMALE
5A. CITY OF DEATH LOS ANGELES		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DOROTHY L. POLENITZ—SISTER 17740 MERRIDY STREET #20 NORTHERIDGE, CA 91325		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SIMPSON FAMILY MORTUARY 3443 W. MANCHESTER BL., INGLEWOOD, CA 90305		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1559	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/04/2003			

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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/04/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 NORTH FIGUEROA STREET ROOM L-1 LOS ANGELES, CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 ROSECRANS STREET SAN DIEGO, CA 92186			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 8-5-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/1/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antonio Pagayon 134/113
in a Double Depth Crypt Funeral, date, time 8/6/03 10:00am
Church Chapel, Graveside California Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. Sam Rojo (2)

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

Grave space & Care Fund _____ 985-

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413-

Burial Container DD Crypt _____ 418-

Handling Fees **PAID** _____ 352-

Flower vases - Marker setting fee _____

Recording and filing fee AUG 01 2003 _____ 50-

Sales taxes _____ 32.40

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 2250.40

Paid receipt number MC

Balance due 0

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

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

Signature [Signature]
Address 3068 Anella Rd.

Signature of recorded holder of deed

City S.D. CA Zip Code 92173
Telephone 619-690-3294

Nancy
Work Order # E 17960

Invoice # _____

Acct. # _____

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.

				RUF Samsen		William Holtom
			X	EDIE NICHOLSON	IDA NICHOLSON	
				LAURANCE PHILLIP GRAMM GRAMM		

Blind Check Initiated By: RAY SMITH Date: 8-1-03

Interment space for: ANTONIA PAGAYON

Interment Date: 8-6-03 Time: 1:00 P.M.

Div: 12 Sect: 2 Blk/Row: Lot: 111 Gr: 7

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Dan Noriega Date: 8-5-03

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) ANTONIO		1B. MIDDLE O	1C. LAST (FAMILY) PAGAYON	2. DATE OF BIRTH MONTH, DAY, YEAR 02/14/1957	3. DATE OF DEATH MONTH, DAY, YEAR 07/31/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GLORIA PAGAYON-WIFE 1954 RIDGEWOOD DRIVE SAN DIEGO CA 92139		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 92950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE BB-1689		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 08/05/2003				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/05/2003 V. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312915
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8-6-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT Need

Date 8-1-03

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

of Diane Bernick 134117

In a T3 Vault Funeral, date, time Thurs 9:00 #17

Church, Chapel, Graveside Delivery : Featheringel Mortuary

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

will be applied and billed to undersigned.

Lot 7 Grave 9 Row Section 1 Division/Block 12

Grave space & Care Fund 98500

Additional spaces and care fund

Opening/Closing & Setup **PAID** 413.00

Burial Container 275.00

Handling Fees AUG 05 2003 204.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 50.00

Sales taxes 21.31

Total Due 1948.31

Paid receipt number paid by bill 1948.31

Balance due 0

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

FRANK BERNICK

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

Signature of recorded holder of deed Paullette

Signature Frank Bernick

Address 4319 53rd

City SD, CA 92115

Telephone 619 583-8058

Work Order # E 17961 Invoice #

Acct. #

REA-104 (7-00) This information is available in alternative formats upon request.

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.

		Murray	X			
Lee				Jones		

Blind Check Initiated By: Rum Date: 8/5Interment space for: Diane BernickInterment Date: Thurs 8/7 Time: 9:00Div: 12 Sect: 1 Blk/Row: Lot: 7 Gr: 9Grave Laid out by: NORMAN FERGUSONAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: DARREY Date: 8-503

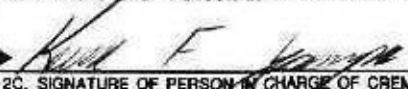
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Diane		1B. MIDDLE Ethel		1C. LAST (FAMILY) Bernick		2. DATE OF BIRTH MONTH, DAY, YEAR 04/28/1932		3. DATE OF DEATH MONTH, DAY, YEAR 07/26/2003		4. SEX F	
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Frank Bernick, Husband 4319 53rd St., San Diego, CA 92115					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083			8A. SIGNATURE OF APPLICANT—Person issuing permit 		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.						8B. DATE SIGNED 07/29/2003					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 08/01/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312826	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 8-7-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFF- ICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT NEED

Date 8-4-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jana Butler 228700

In a T.S. Vault Funeral, date, time Thurs Aug 7th 1:00

Type of Burial Container Church, Chapel, Graveside : Ragsdale Mortuary.

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

will be applied and billed to undersigned.

Lot 2852 Grave 1 Row E-7946 Section 10 Division/Block 0

Grave space & Care Fund 103.26

Additional spaces and care fund 2 Iron vases 413.00

Opening/Closing & Setup add gate fee 185 275.00

Burial Container PAID 204.00

Handling Fees 138.00

Flower vases Marker setting fee 50.00

Recording and filing fee AUG 05 2003 21.31

Sales taxes MT. HOPE CEMETERY 963.31

CITY OF SAN DIEGO CA 1204.37

Total Due PAID

Paid receipt number Balance due 0

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

Bryan Butler 134122
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Paullette
Signature 10822 TIPPERARY WAY
Address SAN DIEGO 92131
City San Diego 92131 Zip Code 92131
Telephone 558-5662

Work Order # E 17962 Invoice #

Acct. #

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.

		Winfrey	ALSO			
Larson	BATEY	x	Smith			
		Jimenez				

Blind Check Initiated By: Rulette C Date: 8-6-03

Interment space for: Liana Butler

Interment Date: 8-7-03 Time: 1:00

Div: 10 Sect: Blk/Row: Lot: 2852 Gr: 1

Grave Laid out by:

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on grave

Blind Check & Verified By: Paul Novice Date: 8-6-03

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) Tiana		1B. MIDDLE Nicole	1C. LAST (FAMILY) Butler	2. DATE OF BIRTH MONTH, DAY, YEAR 03/11/1987	3. DATE OF DEATH MONTH, DAY, YEAR 08/01/2003	4. SEX F
5A. CITY OF DEATH Chula Vista		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Bryan Butler, Father 10682 Tipperary Way San Diego, CA 92131		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> 08/05/2003		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID 13.00		9B. DATE PERMIT ISSUED 08/06/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312998 B. Campbell	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-7-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E-17962

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	08-08-2003	YOUR ORDER NO.	E-17962
TO:	Bryan Butler 10687 Tipperary Way San Diego CA 92131		
DESCRIPTION OF CHARGE		AMOUNT	

PAID.

AUG 08 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Late arrival fee for the service of
Tiana Butler.

\$165.00

Please remit payment within 30 days.

51.63

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-4-03

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

of Jerry Thomas Segawa + Pamela Kiyoi
in a _____ Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 4701 Grave 1 Row _____ Section _____ Division/Block 10

PAID

Grave space & Care Fund _____

Additional spaces and care fund _____

AUG 04 2003

Opening/Closing & Setup _____

Burial Container _____

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Transfer Fee 50.00

Sales taxes _____

Total Due 50.00

Paid receipt number Visa Card 50.00

Balance due 0

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

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

Jerry Thomas Segawa / Pamela Kiyoi
11024 Furryh. X 4794 Jefferson Ln
Lamessa PCA
91941

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

(619) 670-1715

De Mesa, CA 91944
6619-698-2651

17963

Invoice # _____

Work Order # E

Acct. # _____

COL 100945413

2-9-04

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Aug 4. 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosetha T. Graves

In a DD. Crypt 2ND D Funeral, date, time Aug 8 03 10:00 AM

Church, Chapel, Graveside Chapel Delivery Parasdale Mortuary.

All Funeral cars 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 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund See C-5699

Additional spaces and care fund _____

Opening/Closing & Setup 2ND BURIAL **PAID** 413.00

Burial Container _____

Handling Fee AUG 04 2003

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY 50.00

Sales taxes _____

Total Due R. 4163.00

Paid receipt number R-5037 463.00

Balance due 0

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

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

Leihua F. Smith
Signature of recorded holder of deed

LEIHUA F. SMITH

2514 BLACKTON DR.

SAN DIEGO CA. 92105

(619) 264-7268 Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 17964

MT HOPE CEMETERY

E-17964

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 CRAWFORD			
		Gr. Baker	GROVES ERWIN	E. DAVIS		
			D-Allen			

Blind Check Initiated By: ROBERT
RAY S. SAEED Date: 8-4-03

Interment space for: ROSETTA GROVES

Interment Date: _____ Time: _____

Div: 10 Sect: — Blk/Row: — Lot: 4040 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Noriega Date: _____

E-17964

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Rosetta	1B. MIDDLE Theresa	1C. LAST (FAMILY) Groves	2. DATE OF BIRTH MONTH DAY, YEAR 12/10/1908	3. DATE OF DEATH MONTH DAY, YEAR 08/01/2003	4.
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Leihua Smith, Executor 2516 Blackton Drive San Diego, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Paul Anderson</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 08/04/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 08/05/2003 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312969
	9D. ADDRESS OF REGISTRAR, OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-12-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kum F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services, Inc.; 2570 Fortune Way; Vista, CA 92083	12B. DATE CREMATED 8/6/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Nick Lopez</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

COPY 1

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

VS3 (REV. 6/91)

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.

J W Schock
Director of Operations

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-4-03

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

of John Lee Allen & Betty McCoy

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 4865 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1205.00

Additional spaces and care fund

Opening/Closing & Setup (2) Op's 826.00

Burial Container 418.00

Handling Fees 352.00

Flower vases - Marker setting fee

Recording and filing fee (2) Ref Fee 100.00

Sales taxes **PAID** 32.40

Total Due 2933.40

AUG 04 2003

Paid receipt number R-56543 2933.40

MT. HOPE CEMETARY

Balance due 0

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

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

Signature of recorded holder of deed _____

Betty McCoy
Signature
7908 Knollwood Rd
Address
San Diego Ca 92114
City
(619) 464-2199 Zip Code
Telephone

Invoice # _____

Acct. # _____

Work Order # E 17965

MT. HOPE CEMETERY INTERMENT ORDER

at need

*in the GRAVE
WITH CARL +
ALICE + MARY
Lockrem*

City of San Diego

Date 8-4-03

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

In a Ash Vault Funeral, date, time Fri. August 8th 10:00
Type of Burial Container El Camino Family
Church, Chapel/Graveside Monterey

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

Lot 9 Grave A Row _____ Section 0 Division/Block Plus

Grave space & Care Fund D-8419 **PAID**

Additional spaces and care fund _____

Opening/Closing & Setup AUG 05 2003 116.00

Burial Container ASH VAULT (Standard) 61.00

Handling Fees MT. HOPE CEMETARY 66.00
CITY OF SAN DIEGO, CA

Flower vases - Marker setting fee _____

Recording and filing fee 50.00

Sales taxes 4.73

Total Due 297.73

Paid receipt number B-56544 297.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Mary J. Harris
Signature 2415 Capistrano Rd
Address Chula Vista, CA 91915
City (619) 231-3734 Zip Code
Telephone

Work Order # **E** 17966

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-17966

GRAVE BLIND CHECK FORM

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

	Under	Under				
			X			

Blind Check Initiated By: Paulette C. Date: 8-6-03

Interment space for: CAROL LOCKREM

Interment Date: 8-8-03 Time: 10:00 AM

Div: MAS Sect: 0 Blk/Row: Lot: 9 Gr: A

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 8-8-03

Flag on grave

84103

E-17966113

25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) CAROL	1B. MIDDLE ANN	1C. LAST (FAMILY) LOCKREM	2. DATE OF BIRTH MONTH, DAY, YEAR 07/12/1935	3. DATE OF DEATH MONTH, DAY, YEAR 07/30/2003	4. SEX F
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SHARRY L. HARRIS - COUSIN 2488 RASTRIDGE LOOP CHULA VISTA CA 91915	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MORTUARY 5600 CARROLL CANYON RD SAN DIEGO CA 92121		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1260		8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]	

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

07/31/2003

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/01/2003 M. CANDELARIA	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2312775
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 8-8-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 8/5/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-4-03

AT Need
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Frank Ballesteros (AKA) McDonald
in a J. J. Paulet Funeral, date, time Mon. Aug 11 11:00
Type of Burial Container PA. BURIAL Mortuary.

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

Lot 40 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund _____ 875.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413.00

Burial Container _____ 275.00

Handling Fees _____ 204.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50.00

Sales taxes _____ 21.31

Total Due _____ 1838.31

Paid receipt number CC 1838.31

Balance due 0

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

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

Signature of recorded holder of deed

Dorothy Smith-Cooper
Signature
X 210 65+u st
Address
City SD CA Zip Code
Telephone 619 262-5905

Pauletto
Work Order # E 17967

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-17967

GRAVE BLIND CHECK FORM

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

						VICIA TURNER
JO ELLIOTT PHILLIPS	WILLIE MAE BLACKMAN		X			
			HELMIA WATKINS	DONZELL LEWIS		

Blind Check Initiated By: RAY SNIAER Date: 8-4-03

Interment space for: FRANK BALLESTROS (MC DOWELL)

Interment Date: 8-11-03 Time: 1:00 P.M.

Div: 11 Sect: 2 Blk/Row: — Lot: 40 Gr: 10

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: ROBERT BOOTH Date: 8-7-03

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) FRANK	1B. MIDDLE CORTEZ	1C. LAST (FAMILY) BALLESTEROS	2. DATE OF BIRTH MONTH DAY YEAR 01/21/1986	3. DATE OF DEATH MONTH DAY YEAR 08/01/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT TANYA PARSON-MOMMER 6420 BLUE ASH DR. LEMON GROVE, CA. 91945	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit K R J		
			8B. DATE SIGNED 08/06/2003		



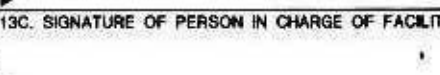
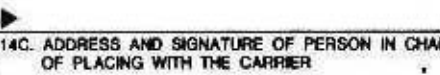
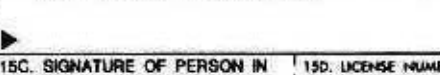
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO CA 92186-5222	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/06/2003 K JONES	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313003
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA. 92102	11B. DATE BURIED 8-11-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-5-03

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

In a Funeral, date, time
Type of Burial Container
Church, Chapel, Graveside ; Mortuary.

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

Lot 2823 Grave 1 Row Section Division/Block 10
Grave space & Care Fund 1095.00
Additional spaces and care fund
Opening/Closing & Setup AUG 05 2003
Burial Container
Handling Fees
Flower vases - Marker setting fee
Recording and filing fee
Sales taxes

PAID

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1095.00
Paid receipt number Master chg 1095.00
Balance due 0

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

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

Signature of recorded holder of deed

134122 Bryen Butler
FOR LEILA COOPER
Signature
Address 7050 LEGAND APT. 8
SPRING VALLEY 91977
City 619-463-7039 Zip Code
Telephone

Work Order # E 17968

Invoice #
Acct. #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-5-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Transfer to Samuel Perisa from Mary Elizabeth Young

In a _____ Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 90x91 Grave _____ Row _____ Section MAS Division/Block A

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Samuel Perisa
Signature
3014 66010 ST
Address
San Diego CA 92117
City
619-276-1190
Telephone
Zip Code

Work Order # E

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT NEED

Date 8-5-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIO ALBERTO ASTUDILLO CRUZ 134/26

In a T.S. VAULT Funeral, date, time Friday Aug 8 10:00
Church, Chapel Graveside GUADALUPANA Mortuary.

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

Lot 256 Grave 11 Row _____ Section 2 Division 12

Grave space & Care Fund 985.00

Additional spaces and care fund

Opening/Closing & Setup 413.00

Burial Container 275.00

Handling Fees **PAID** 204.00

Flower vases - Marker setting fee

Recording and filing fee AUG 06 2003 50.00

Sales taxes 21.31

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Paid receipt number 256556 1948-31

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

Telephone

Zip Code

Work Order # E 17970

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-17970

GRAVE BLIND CHECK FORM

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

	Griffin	Brizoe		Jennings		
				x		Lewis
				tatum		

Blind Check Initiated By: Pauline C. Date: 8-6-03

Interment space for: Mario Alberto Astudillo

Interment Date: Aug 8 2003 Time: 10:00 Cruz

Div: 12 Sect: 2 Blk/Row: Lot: 256 Gr: 11

Grave Laid out by: NORMAN FERGUSON

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

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Pauline C. Date: 8-6-03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 17970

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARIO		1B. MIDDLE ALBERTO	1C. LAST (FAMILY) ASTUDILLO-CRUZ	2. DATE OF BIRTH MONTH DAY YEAR 02/14/1987	3. DATE OF DEATH MONTH DAY YEAR 08/04/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JUSTA CRUZ—MOTHER 2262 MARKET STREET APT#1 SAN DIEGO, CA. 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Selene Chavez</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/07/2003				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 08/07/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SELENE CHAVEZ 2313104
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102		11B. DATE BURIED 8-8-3	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kura F. [Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

COPY 1

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

VS 9 (REV. 6/91)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT NEED

Date 8-6-03

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

in a ASH VAULT Funeral, date, time AYD 9/8
Type of Burial Container MAYOR Mortuary.
Church, Chapel, Graveside DIANE

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

ASH NICHES Lot 2 Grave 2 Row 1 Section 2 Division/Block 9

Grave space & Care Fund E-10784 0

Additional spaces and care fund 11

Opening/Closing & Setup 11

Burial Container ASH VAULT 0

Handling Fees 11

Flower vases - Marker setting fee 11

Recording and filing fee 11

Sales taxes 10

Total Due 110

Paid receipt number 11

Balance due 0

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

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

Signature of recorded holder of deed

X Signature
X Address
X City Zip Code
X Telephone

Paullette

Work Order # E 17971

Invoice #

Acct. #

E17971
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.

		Griny	x		Thomas	
		Pugh		Chastanot		

Blind Check Initiated By: _____ Date: _____

Interment space for: ELVIRA SHEETS ~~2~~

Interment Date: 9/8 Time: Any

Div: 9 Sect: 2 ~~Blk/Row~~: 1 Lot: A 5H ~~NICHE~~ Gr: 2

Grave Laid out by: _____

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ELAIRA		1B. MIDDLE -	1C. LAST (FAMILY) SCHETS	2. DATE OF BIRTH MONTH, DAY, YEAR 10/21/1915	3. DATE OF DEATH MONTH, DAY, YEAR 08/02/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RICHARD SCHETS - SON P.O. BOX 12232 SAN DIEGO, CA 92112		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1424		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Arthur C. Mitchell</i>
				8B. DATE SIGNED 08/11/2003		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID 13.00		9B. DATE PERMIT ISSUED 08/12/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>James L. Bowman MD</i>	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9-8-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Arthur C. Mitchell</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREM., 192 COMMERCE DR., PERRIS, CA 92571	12B. DATE CREMATED 09/06/2003	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Arthur C. Mitchell</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSED—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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

Aug 6 03

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

of Spine Andrew

in a ash vault Funeral, date, time Wed 8/13 10:00

Church, Chapel, Graveside witness : Leatherjill Mortuary.

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

will be applied and billed to undersigned.

Lot 1016 Grave 1 Row _____ Section 3 Division/Block 8

Grave space & Care Fund B 9444

Additional spaces and care fund _____

Opening/Closing & Setup E 1455

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

Ram

Signature

Address

City

Telephone

Zip Code

Work Order # E

Invoice # _____

Acct. # _____

w/ Robert
(center)

E17972

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.

		Conahy	Johnson	Powell		
	Kapnick	Miller	X	Love		
			Strait			

Blind Check Initiated By: Pam Date: 8/8

Interment space for: Gene Andrew

Interment Date: Wed 8/13 Time: 10:00

Div: 8 Sect: 3 Blk/Row: Lot: 196 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Robert Beckery Date: 8-7-03

flag in
grave

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Aug 6 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Spine Andrew in a ash vault Funeral, date, time Wed 8/13 10:00 Church, Chapel, Graveyard witness Featherinill 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 1016 Grave 1 Row 3 Section 3 Division/Block 8
Grave space & Care Fund 9444
Additional spaces and care fund E 1455
Opening/Closing & Setup 0
Burial Container 0
Handling Fees 0
Flower vases - Marker setting fee 0
Recording and filing fee 0
Sales taxes 0
Total Due 0

Paid receipt number

Balance due 0

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

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

Signature of immediate holder of deed

Ann

Stephen J. Dillon
210438 Hanson Lane
Spring Valley CA 91978
619-660-6614

Invoice #

Acct. #

Work Order # E

17972

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Jane	1B. MIDDLE Vernese	1C. LAST (FAMILY) Andrew	2. DATE OF BIRTH MONTH DAY YEAR 06/05/1916	3. DATE OF DEATH MONTH DAY YEAR 07/31/2003	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Marilyn Miller, Daughter PO Box 11, Buena Vista, CO 81211	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon, Blvd, San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 19376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit 08/04/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO Box 88322, San Diego, CA 92186-3222	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/06/2003 K. Zaretska	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313023
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 8-13-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Southern California Crematory, 601 D Crane St., Lake Elsinore, CA 92530	12B. DATE CREMATED 8-6-03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-7-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for maria socorro Rosas

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 229 Grave 3 Row — Section 2 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund _____

Opening/Closing & Setup 418.00

Burial Container D-D. Crypt 418 352.00 pc

Handling Fees 352 30.00 pc

Flower vases - Marker setting PAID 50.00 32.40

Recording and filing fee _____

Sales taxes OCT 28 2005 32.40

Total Due 2250.40

MOUNT HOPE CEMETERY Paid receipt number R-56560 1000.00

Balance due 1250.40

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

MARIA Socorro Rosas

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

134118
X Maria Socorro Rosas
880 Raven St
San Diego CA 92102
(619) 262-9489

Signature of recorded holder of deed

Paullette

Work Order # E 17973

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

 E17973
 56685

Date: Sept. 17, 20 03
 From: Maria Rosas Address: 880 Raven st. 30 92102
Fifty two + 10/100 Dollars (\$ 52.10)
 in paid Payment of pre need
 Lot 229 Grave 3 Row _____ Section 2 Division 12
 Block _____

Invoice No. E17973

Acct. No. _____

W.O. _____

BALANCE DUE 1148.30
 NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE
Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒518

ISSUED BY

Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>52</u>	<u>10</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>52</u>	<u>10</u>

E-17973

BALANCE

1250	40
------	----

1	1	9	8	30
---	---	---	---	----

10	5	2	30
----	---	---	----

997 30

944 30

8	5	4	4
---	---	---	---

754 40

1079	60
------	----

644.40

58940

53' 40"

379	40
2	10

2400

200 -
15 -

答

64
52

2

Paid-in-full

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Aug 7 1983

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Mitchell 134138

In a line Funeral, date, time Wed 8/13 1:00
Church, Chapel, Graveside CA Burial Mortuary EC

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

Lot 25 Grave 11 Row Section 2 Division Block 11

Grave space & Care Fund 875-

Additional spaces and care fund

Opening/Closing & Setup **PAID** 413-

Burial Container 209-

Handling Fees AUG 08 7:13 160-

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 50-

Sales taxes 08-08-03P12-43 PAID 16.20

Total Due 1723.20

Paid receipt number 1723.20

Balance due 0

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

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

Signature of recorded holder of deed Vera Mitchell

Signature Vera Mitchell

2002 Tanager Court

Address San Diego CA 92113

City San Diego Zip Code 92113

Telephone (619) 238-5185

Telephone

Work Order # **E** 17974

Invoice #

Acct. #

E17974

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.

		Fletcher	white			
	Shine		x		Hay	
			Blue			

Blind Check Initiated By: Rum Date: 8/8

Interment space for: Robert Mitchell

Interment Date: Wed 8/13 Time: 1100

Div: 11 Sect: 2 Blk/Row: Lot: 25 Gr: 11

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No flag on

Agrees with Map: ☒ Yes ☐ No grave

Blind Check & Verified By: M. Guntmacher Date: 8/12/03

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) ROBERT		1B. MIDDLE JOSEPH	1C. LAST (FAMILY) MITCHELL JR.	2. DATE OF BIRTH MONTH DAY YEAR 12/01/1965	3. DATE OF DEATH MONTH DAY YEAR 08/05/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT VERA MITCHELL—MOTHER 2002 IRVING ST. SAN DIEGO CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/07/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/07/2003 K JONES	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313113
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8 13 03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/27/2003

Pin# 22775

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Transfer from Sally J. Muck to Children & Hospital

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 18 Grave 14, 15, & 16 Row _____ Section Masonic Division/Block M

Grave space & Care Fund -

Additional spaces and care fund -

Opening/Closing & Setup -

Burial Container -

Handling Fees -

Flower vases - Marker setting fee -

Recording and filing fee -

Sales taxes -

Total Due 50.00

Paid receipt number -

Transfer Fee Waived, Donated to Children's Hospital. Balance due 50.00
-0-

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

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

Signature of recorded holder of deed _____

Signature

Address

City

Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E

17975

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

Aug 11, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Susie Jackson 134132

In a Funeral Funeral, date, time Sept 8/10 1:00
Type of Burial Container
Church Chapel, Graveside CA Burial Mortuary.

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

Lot 146 Grave 9 Row Section 2 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund

Opening/Closing & Setup 413-

Burial Container PAID 209-

Handling Fees 140-

Flower vases - Marker setting fee AUG 11 2003

Recording and filing fee MT. HOPE CEMETARY 50

Sales taxes CITY OF SAN DIEGO, CA 14.00

Total Due 1833.00

Paid receipt number 1833.00

Balance due 0

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

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

Signature of record holder of deed

Ham

Twinn J. Linn
Signature
2068 MARJORIE DR
Address
SAN DIEGO CA. 92114
City
(619) 466-8705
Telephone

17976

Work Order # E

Invoice #

Acct. #

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.

		taylor	Robert	Scott		
	Salinas		X			
			Read	Mona		

Blind Check Initiated By: Renn Date: 8/11

Interment space for: Julie Jackson

Interment Date: Aug 8/12 Time: 1:00

Div: 12 Sect: 2 Blk/Row: 146 Gr: 9

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: ROBERT Date: 8.11.03

flag on grave

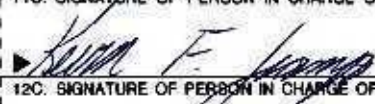

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) SUSIE	1B. MIDDLE -	1C. LAST (FAMILY) JACKSON	2. DATE OF BIRTH MONTH DAY YEAR 05/01/1914	3. DATE OF DEATH MONTH DAY YEAR 08/05/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LOUISE LILLY-DAUGHTER 1068 MARJORIE DR. SAN DIEGO CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		8. SIGNATURE OF APPLICANT—Person taking permit IC R J
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 08/08/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/08/2003 K JONES	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313232
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8-12-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

advised

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

Aug 11 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Roberts 134130

In a Urner Funeral, date, time Wed 8/13 1:00
Type of Burial Container
Church, Chapel, Grave side So Memorial Mortuary.

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

Lot 134 Grave 9 Row Section 2 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund

Opening/Closing & Setup 475-

Burial Container 209-

Handling Fee 160-

Flower vases - Marker setting fee AUG 1-1 2003

Recording and filing fee 50-

Sales taxes 16.20

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1833.20

Monetary to pay
Paid receipt number R90574 1833.20

Balance due 0

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

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

Signature of authorized holder 03:34 RCVD

X* Father Roberts
5050 Holly dr
SD CA 92113
(619) 262 6082
Telephone

Work Order # E

Invoice # 17977

Acct. #

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.

			Carter			
	tree		X	Montgomery		
		Taylor	Robertson	Scott		

Blind Check Initiated By: Pam Date: 8/11

Interment space for: Patricia Roberts

Interment Date: Wed 8/13 Time: 1:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 134 Gr. 9

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No flag M

Agrees with Map: ☐ Yes ☐ No grave

Blind Check & Verified By: David Finkbe Date: 8-12-03

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) PATRICIA		1B. MIDDLE ANN	1C. LAST (FAMILY) ROBERTS	2. DATE OF BIRTH MONTH, DAY, YEAR 03/31/1961	3. DATE OF DEATH MONTH, DAY, YEAR 08/09/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MATTHEW ROBERTS—FATHER 5056 HOLLY DR. SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8. SIGNATURE OF APPLICANT—Person taking permit <i>Joseph Lemon Jr.</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/12/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/12/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. LEMON JR.	2313324
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8 13 03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-11-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALFREDO BUSTAMANTE 134134

in a LINER Funeral, date, time WEDS AUG. 13 11:00

Church, Chapel, Graveside CA BURIAL Mortuary.

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

Lot 77 Grave 4 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund PAID

Opening/Closing & Setup 413.00

Burial Container AUG 11 2003 209.00

Handling Fees 160.00

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

Recording and filing fee 50.00

Sales taxes 16.20

Total Due 1833.20

Paid receipt number R-56593 1833.20

Balance due 0

MORT. TO BRING
CHECK PAY 286-2674

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

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

Signature See Attached

Address

Signature of recorder 03P03:34 RCVR City Zip Code

Telephone

Paula 17978
Work Order # E

Invoice #

Acct. #

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.

Thomas			X		Buchanan	Bowen

Blind Check Initiated By: Paula H. C. Date: 8-11-03

Interment space for: ALFREDO BUSTAMANTE

Interment Date: 8-13-03 Time: 9:00 MASS

Div: 12 Sect: 1 Blk/Row: _____ Lot: 77 Gr: 4

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DANIEL Date: 8-11-03

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ALFREDO		1B. MIDDLE —		1C. LAST (FAMILY) BUSTAMANTE, SR		2. DATE OF BIRTH MONTH, DAY, YEAR 08/27/1965		3. DATE OF DEATH MONTH, DAY, YEAR 08/08/2003		4. SEX M			
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MICAELA SALGADO-BUSTAMANTE-WIFE 4975 LISE AVE. SAN DIEGO, CA 92102							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Georgette Benyard</i>				8B. DATE SIGNED 08/13/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				9A. AMOUNT OF FEE PAID \$13.00				9B. DATE PERMIT ISSUED 08/13/2003 J. BENYARD		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313412			
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —									
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 40%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) </div> </div>													

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-13-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT NEED

Date August 12, 2003

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

In a LINER Funeral, date, time Fri. Aug 15th 1:30
Church, Chapel, Graveside : Greenwood Mortuary. clay

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

Lot 38 Grave 6 Row — Section 3 Division/Block 12

Grave space & Care Fund E-12960 —

Additional spaces and care fund —

Opening/Closing & Setup —

Burial Container LINER —

Handling Fees —

Flower vases - Marker setting fee —

Recording and filing fee —

Sales taxes —

Total Due —

Paid receipt number —

Balance due —

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

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

Signature of recorded holder of deed _____

X Signature (see attached)

X Address _____

✓ City _____

Zip Code _____

X Telephone _____

Work Order # E 17979

Invoice # _____

Acct. # _____

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.

Salsman	Hudson		X			
		(Tree)				

Blind Check Initiated By: Paulette Date: 8-12-03

Interment space for: Maria Magdaleno

Interment Date: 8-15-03 Time: 1:30 Graveside

Div: 12 Sect: 3 Blk/Row: — Lot: 38 Gr: 6

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on grave

Blind Check & Verified By: C. W. Danner Date: 8-12-03

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT NEED

Date August 12, 2003

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

In a LINER Funeral, date, time Fri. Aug 15th 1:30
Church, Chapel, Graveside : Greenwood Mortuary clay

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

Lot 38 Grave 6 Row — Section 3 Division/Block 12

Grave space & Care Fund E-12960

Additional spaces and care fund

Opening/Closing & Setup

Burial Container LINER

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

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

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

Signature of record holder of deed

X Comanda R Magdales
Signature 3745 Lindbergh
Address San Diego, CA 92157
City 019 424-8681 Zip Code
Telephone

Work Order # E 17979

REA-104 (7-96)

Invoice #

Acct. #

This information is available in alternative formats upon request.

Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (given)		1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA		FAUSTINA	MAGDALENO	08/09/1931	08/11/2003	F
5A. CITY OF DEATH			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT		
SAN DIEGO			SAN DIEGO	ARMANDO MAGDALENO - HUSBAND 3745 LINDBERGH STREET SAN DIEGO, CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH				7B. CALIF. LICENSE NUMBER —IF APPLICABLE		
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102				FD 843		
ACKNOWLEDGMENT OF APPLICANT				8A. SIGNATURE OF APPLICANT—Person taking permit		
I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 71.00 of the Health and Safety Code.				8B. DATE SIGNED		
				AIMEE CRABTREE 08/14/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/15/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT AIMEE CRABTREE 2313553
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —				

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

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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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

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

In a D.D. Crypt (1ST) Funeral, date, time Friday Aug. 15th 1:00

Church, Chapel Graveside Ragsdale Mortuary. 8Kipper

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

Lot 878 Grave 1 Row Section Division/Block 10

Grave space & Care Fund E-6647 0

Additional spaces and care fund 413-

Opening/Closing & Setup 418-

Burial Container PAID 352-

Handling Fees 138-

Flower vases - Marker setting fee AUG 15 2003 50-

Recording and filing fee 32.40

Sales taxes 1403.40

Total Due 1403.40

Paid receipt number 08-15-03P02:58 PAID

Balance due 0

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

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

Signature of recorded holder of deed

Signature Ward E. Johnson
Address 10113 Skyline Drive
City San Diego
State CA Zip Code 92114
Telephone (619) 264-6503

17980

Work Order # E

Invoice #

Acct. #

E17980

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.

	Sutton	ANDERS	x	STOGSDILL	STOGSDILL	Firm

Blind Check Initiated By: Paulette C. Date: 8/12/03

Interment space for: Birta Johnson

Interment Date: Fri. Aug. 15, 2003 Time: 1:00 chapel

Div: 10 Sect: Blk/Row: Lot: 878 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David H. Hagon Date: 8-13-03

Hagon
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Birta		1B. MIDDLE Lee	1C. LAST (FAMILY) Johnson		2. DATE OF BIRTH MONTH, DAY, YEAR 09/11/1923	3. DATE OF DEATH MONTH, DAY, YEAR 08/11/2003	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT David E. Johnson, Son 6113 Skyline Drive San Diego, CA 92114			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 08/12/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.							
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		9A. AMOUNT OF FEE PAID 13.00		9B. DATE PERMIT ISSUED 08/13/2003 B. Campbell		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313420	
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENCOINMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
FOR CORONER'S USE ONLY							
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)							

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-15-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-12-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEE ALLEN MCCOY (A)

In a D.D. CRYPT 1st Funeral, date, time MON. AUG. 18th 10:00

Church, Chapel Graveside RAGSDALE Mortuary. SKIPPER

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

Lot 4865 Grave 1 Row Section Division/Block 10

Grave space & Care Fund E-17965

Additional spaces and care fund

Opening/Closing & Setup

Burial Container D.D. CRYPT FIRST

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due 0

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

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

Signature of recorded holder of deed

X Signature

Address

X City Zip Code

X Telephone

Invoice #

Acct. #

Work Order # E

E17.981

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. UPRIGHT

<u>SERRANO</u>	<u>Furuya</u>	<u>Hutchinson</u>	<u>Hutchinson</u>	X		

Blind Check Initiated By: Paulette C. Date: 8/13/03

Interment space for: LEE ALLEN MC COY

Interment Date: MON. AUG. 18th Time: 10:00 CHAPEL

Div: 10 Sect: _____ Blk/Row: _____ Lot: 4865 Gr: 1

Grave Laid out by: NORMAN PERKINSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 8-14-03

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Lee	1B. MIDDLE Allen	1C. LAST (FAMILY) McCoy	2. DATE OF BIRTH MONTH, DAY, YEAR 04/12/1939	3. DATE OF DEATH MONTH, DAY, YEAR 08/12/2003	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Betty McCoy, Wife 7908 Knollwood Road San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		

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

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* 8B. DATE SIGNED: **08/15/2003**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 08/15/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313607 <i>B. Campbell</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-18-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-13-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Herbert Gregory White 134144

In a Linear Funeral, date, time Fri Aug. 15 1:00

Church, Chapel, Grave site Witness Ragsdale Mortuary Spencer

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 1

will be applied and billed to undersigned.

Lot 30 Grave 63 Row PC Section 2 Division/Block 11

Grave space & Care Fund 875.00

Additional spaces and care fund PAID

Opening/Closing & Setup 413.00

Burial Container AUG 13 2003 209.00

Handling Fees 160.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 50.00

Sales taxes 16.20

Total Due 1,723.00

Paid receipt number R-56581 1723.00

Balance due 0

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

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

Signature of recorded holder of deed

Darlene Pester
City Baigent WA
Address 7390 N. 1st 98311
City 360 Zip Code 692-1175
Telephone

17982

Invoice #

Acct. #

Work Order # E

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	white	white	

Blind Check Initiated By: Paulette Date: 8-13

Interment space for: Herbert G. White

Interment Date: 8-15-03 Time: 1:00 Church

Div: 11 Sect: 2 Blk/Row: Lot: 30 Gr: 34

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. [Signature] Date: 8-14-03

Flag on
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Herbert	1B. MIDDLE Gregory	1C. LAST (FAMILY) White	2. DATE OF BIRTH MONTH, DAY, YEAR 05/23/1959	3. DATE OF DEATH MONTH, DAY, YEAR 08/09/2003	4. SEX M
5A. CITY OF DEATH Seattle		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Washington		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Barbara J. Peyton, Mother 7390 Navajo Trail Bremerton, WA 98311	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 08/13/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <p style="text-align: center;">—</p>	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 08/13/2003 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313454 B. Campbell
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-13-03

134139

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

of Jos. Rosa M. Harris

In a Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 60 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund 413.00

Opening/Closing & Setup **PAID** 209.00

Burial Container 160.00

Handling Fees 50.00

Flower vases - Marker setting fee 16.20

Recording and filing fee 1833.20

Sales taxes 1833.20

Total Due 1833.20

Paid receipt number Paid by Visa 1833.20

Balance due 0

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

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

Signature of recorded holder of deed

Rosa M. Harris
Signature
1464 Kandlewood P.L.
Address
Chula Vista Ca. 91915
City
619-482,5658
Telephone

Invoice # _____

Acct. # _____

SPIRES, JAMES & DOROTHY 113 J ST CHULA VISTA 91910 (619)442-0755

			Debit	Credit	BALANCE
08-14-2003	Pre-need lot and trust to include 2 open/close,		1755.00		
	DD Crypt, handling fee, 2 recording fees		1987.95		3742.95
	and tax. R-56584 25% down ALSO TO INCLUDE			1000.00	2742.95
	12x30 foundation and border and monument				
	Trion vase.				
	Div 5 Sec 4 Lot 53814				
9-4-03	56635	comp	1	114.00	2628.95
10-13-03	56788		2	114.00	2514.95
11-18-03	56911		3	114.00	2400.95
12-20-03	57035		4	114.00	2286.95
1-22-04	57123		5	114.00	2172.95
1-26-04	57131	6-16	16	1439.31	733.64
2-18-04	57224		17	114.00	619.64
3-12-04	57316		18	114.00	505.64
5-7-04	57532		19	114.00	391.64
5-8-04	57577		20	114.00	277.64
4-23-04	57705		21	114.00	163.64
7-20-04	57818		22	114.00	49.64
8-10-04	57881		23	49.64	0.00

PAID

AUG 10 2004

MOUNT HOPE CEMETERY

The
Body
of
James + Dorothy Spies

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug 14 03

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

of James + Dorothy Spies 134140

In a 150 Crypt Funeral, date, time 134141

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

Grave space & Care Fund _____ 1755 -

Additional spaces and care fund _____ ~~PAID 413 x 2~~ 820 -

Opening/Closing & Setup _____ ~~413 x 2~~ 820 -

Burial Container _____ 418 -

Handling Fee _____ 352 -

Flower vases - Marker setting fee 12 x 20 Foundation Union Home 259.55

Recording and filing fee MOUNT HOPE CEMETERY 50 x 2 100.00

Sales taxes _____ 32.40

Total Due 3742.95

Paid receipt number 56584 2500 1000.00

Balance due 2742.95

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

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

Signature of recorded holder of deed

Ran

James W Spies
1113 1st
Chula Vista Ca 91912
96194220753
5916
Zip Code

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57881

 Date: Aug 10, 20 04
 From: James Spier Address: 113 9th CV 91910
 Dollars (\$ 101.27)

 in fuel Payment of for home use & personal
 Div S Sec 4 Blk/ Row 53 Grave 4
Invoice No. E17984

Acct. No. _____

W.O. _____

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

AUG 10 2004

MOUNT HOPE

ISSUED BY

Pam Hesel

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

TOTAL PAID

\$

27	50
22	-
49	64
2	13
101	27

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57818

From:

James Spies

Address:

113 9th

Date:

July 20, 2004

Dollars (\$

114.00

in

part

Payment of

4 pre-need

Div

5

Sec

4

Blk/
Row

Lot

53

Grave

4

Invoice No.

E17984

Acct. No.

W.O.

BALANCE DUE

49.64

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

PAID

JUL 20 2004

MOUNT HOPE CEMETERY

ISSUED BY

Pam Hetal

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

114.00

TOTAL PAID

5

114.00

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

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57705

 From: James Spier Address: 113 9 st. cvd 91910 Date: June 23, 20 04
 Dollars (\$ 114.00)

 in part Payment of pre need
 Div 5 Sec 4 Blk/ Row 53 Grave 4
Invoice No. E17984

Acct. No. _____

W.O. _____

BALANCE DUE 114.04NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JUN 23 2004

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

MOUNT HOPE CEMETERY

ISSUED BY

Fam Hebel

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

114 00

TOTAL PAID

\$

114 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57577

 Date: May 21, 20 04
 From: James Sprias Address: 113 G. St. CV 91910
 Dollars (\$ 114.00)

 in part Payment of pre-need
 Div 5 Sec 4 Blk/Row 53 Grave 4
Invoice No. E17984

Acct. No. _____

W.O. _____

BALANCE DUE 277.104NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAY 21 2004

MOUNT HOPE CEMETERY

ISSUED BY

Pam Hebel

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>114.00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

114.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57532

 Date: May 7, 20 84
 From: James Apies Address: 113 g st. CV 91910
 Dollars (\$ 114.00)

 in part Payment of 4 pre-med
 Div 5 Sep 4 Blk/ Row 53 Grave 4
Invoice No. E17984

Acct. No. _____

W.O. _____

BALANCE DUE 391.64NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAY 0 / 2004

MOUNT

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>114.00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 114.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57224

MOUNT HOPE CEMETERY

(619) 527-3400

 From: J. Spier Date: Feb 18, 20 04
 Address: 113 J St. CV 91910
 Dollars (\$ 114.00)

 in part Payment of 4 pre need
 Lot 53 Grave 4 Row 4 Section 4 Division 5 Block 5
Invoice No. E17984

Acct. No. _____

W.O. _____

BALANCE DUE 619.64NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID****FEB 18 2004****MOUNT HOPE CEMETERY**ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>114 00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

5

114 00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57316

 Date: March 12, 20 04
 From: James Spies Address: 113 J St. CV 91910
Dollars (\$ 114.00)
 in part Payment of personal
 Lot 53 Grave 4 Row 4 Section 4 Division 5
Invoice No. E17984

Acct. No. _____

W.O. _____

BALANCE DUE 505.64
 NOT VALID FOR PURPOSES OF SALES UNLESS
 STAMPED "PAID" IN THIS SPACE.

MAR 15 2004

MOUNT HOPE CEMETERY

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>114.00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 114.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57123

 From: James Spires Address: 113 g st. cu 91910 Date: Jan 22, 20 04
 Dollars (\$) 114.00

 in part Payment of pre need
 Lot 53 Grave 4 Row _____ Section 4 Division 5
Invoice No. E 17984

Acct. No. _____

W.O. _____

BALANCE DUE 2172.95NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JAN 22 2004

MOUNT

ISSUED BY

Dan Hebel

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

<u>114</u>	<u>-</u>
<u>114</u>	<u>-</u>

TOTAL PAID

\$

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒2038

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57035

Date: Dec. 20, 20 03
 From: James Spier Address: 113 Jst. CV 91910
 Dollars (\$ 114.00)

 in part Payment of pre need
 Lot 53 Grave 4 Row _____ Section 4 Division 5
Invoice No. E17984

Acct. No. _____

W.O. _____

BALANCE DUE 2286.95NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

DEC 26 2003

MOUNT HOPE CEMETERY

ISSUED BY Kam Haddad

CREDIT	67007	
20% Sales Care	77184	<u>52</u> -
80% Sales	100	<u>62</u> -
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 114 -Pre-Need Lot/ ☒ At Need ☐ On Acct ☐Pre-need Trust/ ☒ Cash ☐ Check ☒

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56911

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Nov. 18, 20 03
 From: James Spivey Address: 113 g st CV 91910
One Hundred Sixteen Dollars (\$) 114.00

 in cash Payment of pre-mud
 Lot 53 Grave 4 Row _____ Section 4 Division 5 Block 5
Invoice No. E17984

Acct. No. _____

W.O. _____

BALANCE DUE 2400.45NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE:**PAID**

NOV 18 2003

MOUNT HOPE CEMETERY

ISSUED BY

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

114 00

TOTAL PAID

\$

114 00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56788

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Oct 13, 20 03
 From: J. Spier Address: 113 J St. CV 91910
One Hundred Sixteen Dollars (\$ 114.00)

 in part Payment of pre - need
 Lot 53 Grave 4 Row _____ Section 4 Division 5
Invoice No. E-17984

Acct. No. _____

W.O. _____

BALANCE DUE 2514.95NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

OCT 13 2003

MOUNT HOPE CEMETERY

ISSUED BY

Ram Hezel

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

TOTAL PAID

\$

114.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒1996

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

56635

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Sept 4, 20 03

From: James Spier Address: 113 J St. CV 91910
One Hundred Fourteen 100/100 Dollars (\$ 114.00)
paid Payment of py mud lot + trust
 Lot 53 Grave 4 Row 4 Section 4 Division Block 5

Invoice No. E17984

Acct. No. _____

W.O. _____

BALANCE DUE 2028-95NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

SEP 04 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY Rita Helzel

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

TOTAL PAID

\$

114 00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug 14 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baisa Zhukova 134142

In a TS Vault PA Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1785 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 1095

Additional spaces and care fund _____

Opening/Closing & Setup _____ PA 413

Burial Container _____ 275

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

MAR 30 2005

MOUNT HOPE CEMETERY

Total Due _____ 1095

Paid receipt number 15055 258 274.00

Balance due 821.00

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

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

Signature of record holder of deed

Ham

Signature

534 Monroe Ave #505

San Diego CA 92115

619/287-1914 Zip Code

Telephone

17985

Work Order # E

Invoice # _____

Acct. # _____

ZHUKOVA, RAISA 534 Monroe ave #505 SD 92115 (619)287-1914

			credit	debit	balance
08-14-2003	25 % down on Pre-need lot only R-56585		1095.00		
	10.11.1785,1	219 20%		274.00	821.00
9-17-03	R-56084	Coupon # 1	876 80%	34.00	787.00
10-14-03	R-56794	Coupon # 2, 3, 4		102.00	685.00
1-14-04	57098	5		34.00	651.00
2-13-04	57215	6-7		68.00	583.00
3-11-04	57312	8-10		102.00	481.00
4-14-04	57446	11-13		102.00	379.00
9-23-04	58049	14-16		102.00	277.00
11-9-04	58218	17-19		102.00	175.00
2-24-05	58554	20-24		170.00	5.00
8/30/05	paid in full R-58685 balance due		5		0.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58218

Date: Nov. 9, 2004From: Raisa Zhukova Address: 5343 Monroe Ave. #505 S.D. CA 92115one hundred - two ~~800~~ Dollars (\$ 102-)in part Payment of pre-need lotDiv 10 Sec _____ Blk/ Row _____ Lot 1785 Grave 1Invoice No. E-17985

Acct. No. _____

W.O. _____

BALANCE DUE 175-NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

NOV 09 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

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

TOTAL PAID

\$

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

852

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58685

From: Raisa L. Zhukova Address: on record Date: 3/30, 2005
Five and 00 Dollars (\$ 5-)
 in full Payment of Pd in full pre-need lot.
 Div 10 Sec _____ Blk/ Row _____ Lot 1785 Grave 1

Invoice No. E-17985

Acct. No. _____

W.O. _____

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

879

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

MAR 29 2005

MOUNT HOPE CEMETERY

ISSUED BY

P Crawford

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

TOTAL PAID

\$

5 -

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56684

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Sept 17, 20 03
 From: Raisa Zhukova Address: 534 Menro ave #505 SD 92115
Thirty Four Dollars (\$ 34.00)

 in part Payment of pre need
 Lot 1785 Grave 1 Row _____ Section _____ Division 10
 Block _____
Invoice No. E 17985

Acct. No. _____

W.O. _____

BALANCE DUE 787.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

759

ISSUED BY

Pam Hetzel

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

TOTAL PAID

\$

34 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56794

MOUNT HOPE CEMETERY

(619) 527-3400

Date: October 14, 20 03From: Raisa L. Bhukova Address: 5343 Monroe AveOne Hundred and two 00 Dollars (\$ 102.00)in part Payment of Pre-need lot account, Coupons 23 & 4.Lot 1785 Grave 1 Row _____ Section _____ Division 10 Block 10Invoice No. E-17985

Acct. No. _____

W.O. _____

BALANCE DUE \$685.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒765NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID****OCT 14 2003****MOUNT HOPE CEMETERY**

ISSUED BY

Paulette C.

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

TOTAL PAID

\$

102.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57312

 From: Raisa Zhukova Address: 534 Monroe ave #505 SD 92115 Date: March 11, 20 04
Dollars (\$ 102.00)
 in part Payment of per med
 Lot 1785 Grave 1 Row Section Division Block 10
Invoice No. E 17985Acct. No. W.O. BALANCE DUE 481.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAR 11 2004

ISSUED

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>102.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 102.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57098

 Date: Jan. 15, 20 04
 From: Raisa Zhukova Address: 5343 Monroe ave #505 SD 92115
 Dollars (\$ 34.00)

 in part Payment of pre-need
 Lot 1785 Grave 1 Row 1 Section 1 Division Block 10
Invoice No. E 17985

Acct. No. _____

W.O. _____

BALANCE DUE 651.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JAN 15 2004

MOUNT HOPE CEMETERY

ISSUED BY

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

TOTAL PAID

\$

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57215

MOUNT HOPE CEMETERY

(619) 527-3400

 From: R. Zhukova Date: Feb 13, 20 04
 Address: 5343 Monroe ave #505 309215
 Dollars (\$ 68.00)

 in part Payment of pre need
 Lot 1785 Grave 1 Row _____ Section _____ Division Block 10
Invoice No. E 17985

Acct. No. _____

W.O. _____

BALANCE DUE 583.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

FEB 13 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>68</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
		<u>68</u>	<u>00</u>

TOTAL PAID

\$

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57446

MOUNT HOPE CEMETERY

(619) 527-3400

 From: Raisa Zhukova Address: 5343 Monrovia St #505 8092115 Date: April 14, 20 04
 Dollars (\$ 102.00)

 in paid Payment of per med
 Lot 1785 Grave 1 Row _____ Section _____ Division 10
 Block _____
Invoice No. E 17985

Acct. No. _____

W.O. _____

BALANCE DUE 379.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

APR 14 2004

MOUNT HOPE

ISSUED BY Dan Hartzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>102 00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

102 00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒798

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58049

 From: Raisa Zhukova Date: Sept 23, 20 04
 Address: 5343 Montel ave #505 SD 95115
 Dollars (\$ 102.00)

 in part Payment of pre need
 Div 10 Sec _____ Blk/ Row _____ Lot 1785 Grave 1
Invoice No. E17985

Acct. No. _____

W.O. _____

BALANCE DUE 277.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

SEP 23 2004

MOUNT HOPE CEMETERY

ISSUED BY: Raisa Zhukova

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>102.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 102.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

887

E-17985

Lots 1777 thru 1788

DIVISION 10

	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REA
✓ 1777	MELLEN, Jeanette Lewis	MELLEN, Jeanette L.	7/7/1970 145.00	5/28/1982	E-3079 C-8851	
✓ 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 11i
✓ 1780	NORMAN SR, ROBERT L.	Norman, Robert & Clercy	07/06/1989 \$595.	4/27/1995	E-12180 E-8171	Btm Db1 Dep OVER
✓ 1781	BAKER, Barbara D.	George Shinault, Jr.	7-19-91 \$795.	7-23-91	E-9581	T. S. Vault
1782	<i>PRE-ARRANGED BRAVO</i> <i>E 1782 PRE-ARRANGED</i>	BRAVO, BEVERLYN	04-01-05 \$995		E-17598	
1783	WARE, MARY LEE	PATRICIA A. CAMPBELL/DAUGHTER	12/19/2002 \$995.00	12/26/2002	E-17499	#5 LINER
1784	<i>BRavo</i> <i>E 1784 PRE-ARRANGED</i>	BRAVO, BEVERLYN	04-01-05 \$995		E-17671	
1785		<i>ONLY Lot pd.</i> ZHUKOVA, RAISA	3/30/2005 \$1095		E-17985	<i>61st</i> <i>287-19</i>
✓ 1786	BERGER, Edward J.	BERGER, Annette P.	1/18/1971 165.00	1/21/1971	C-9636	Parklawn
1787		Bernard F. & MURPHY, Cornelia J.	7/16/1969 145.00		E-11567 C-7462	(OVER)
1788		" " " "	" " " 145.00		E-11567 " "	(OVER)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug 15, 03

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

of Helen Matthews 226190

in a DD Crypt Funeral, date, time wed 8:00 11:00

Church, Chapel, Graveside Burrough Mortuary.

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

will be applied and billed to undersigned.

Lot 33 Grave 1 Row 2 Section 2 Division/Block 11

Grave space & Care Fund E1024

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Helen W. Matthews Jr.
856 Lorna St
SAN DIEGO 92102
Zip Code
Telephone

17986

Invoice #

Acct. #

Work Order # E

MT HOPE CEMETERY

E17986

GRAVE BLIND CHECK FORM

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

					Edward	
	year		X		graves	
			Garrett	Gota		

Blind Check Initiated By: Dan Date: 8/15

Interment space for: Helen Matthews

Interment Date: Wed 8/20 Time: 11:00

Div: 11 Sect: 2 Blk/Row: Lot: 33 Gr: 1

Grave Laid out by: NORMAN

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Morris Date:

flag grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) HISAKO		1B. MIDDLE WATANABE		1C. LAST (FAMILY) MATHEWS		2. DATE OF BIRTH MONTH, DAY, YEAR 01/08/1925		3. DATE OF DEATH MONTH, DAY, YEAR 08/13/2003		4. SEX F	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT T. RUBY WATANABE—SISTER-IN-LAW 5294 ETHELDO AVE CULVER CITY CA 90230					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ECM BENBOUGH CHAPEL 3051 EL CAJON BLVD SAN DIEGO CA 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>				8B. DATE SIGNED 08/15/2003	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 08/18/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313631 L CASTRO	
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.											
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102				11B. DATE BURIED 8 20-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT DEAD

Date 8/18/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laverne Hawkins 134146

In a Liner Funeral, date, time Wed's Aug. 20 1:00
Church, Chapel Graveside Ragsdale Mortuary.

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

Lot 35 Grave 6 Row Section 17 Division/Block 7

Grave space & Care Fund 1535.00

Additional spaces and care fund

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee

Recording and filing fee 50.00

Sales taxes 16.20

PAID

AUG 29 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 2383.20

08-20 (Paid receipt number R56598 2383.20)

Balance due 0

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

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

Signature of record holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E

Invoice #

Acct. #

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.

				H	S	
McEwen	McEwen	Small		I	I	
Johnson	Barringer	Duncan	X	L	D	
Johnson	Teub			L	E	

Blind Check Initiated By: Nancy / Pam Date: 8/18/03

Interment space for: Lavernette Haskins

Interment Date: 8-20-03 Time: 1:00 Chapel

Div: 7 Sect: 17 Blk/Row: Lot: 35 Gr: 6

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 8-18-03

Flag on
grave

E-17987

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LaVerne	1B. MIDDLE Ray	1C. LAST (FAMILY) Hoskins	2. DATE OF BIRTH MONTH, DAY, YEAR 04/06/1934	3. DATE OF DEATH MONTH, DAY, YEAR 08/14/2003	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Virgie Harvey, Daughter 836 West Street San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 08/19/2003	
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 08/19/2003 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
---	---	--	--	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8/20/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT DEED

Date 8/18/03

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

In a Liner Funeral, date, time Wed's Aug 20 1:00
Church, Chapel Graveside Ragsdale Mortuary.

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

Lot 35 Grave 6 Row Section 17 Division/Block 7

Grave space & Care Fund 1635.00

Additional spaces and care fund

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee

Recording and filing fee 50.00

Sales taxes 16.10

Total Due 2383.20

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Ric M. Hawkins
836 WEST ST.
SAN DIEGO CALIF 92113
(619) 264-7418

Work Order # E 17987

Invoice #

Acct. #

RSA-104 (7-00)

This information is available in alternative formats upon request.

Printed on recycled paper

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-18-03

AT NEED

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

In a D.D. CRYPT (A) Funeral, date, time FRI. AUG. 22 1:00

Church, Chapel, Graveside RAGDALE Mortuary, RESMOND

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

Lot 88 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund E-10775 PC 985.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 419.00

Burial Container **PAID** 418.00

Handling Fees _____ 352.00

Flower vases - Marker ADD 18.7000 _____

Recording and filing fee _____ 50.00

Sales taxes MT. HOPE CEMETARY 32.40
CITY OF SAN DIEGO, CA

Total Due _____ 1,265.40

Paid receipt number R-56589 1,265.40

Balance due 0

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

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

Roger Timms
Signature of recorded holder of deed

Husband

X Bertha Letty
Signature

131 Raven
Address

San Diego 92102
City Zip Code

(619) 264-2814
Telephone

17988

Invoice # _____

Acct. # _____

Work Order # **E** _____

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 existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Edmund Foble		Tree			
			X		Gloria Billberry	
			Leo Harpin			

Blind Check Initiated By:

Nancy / Pam
Pauwett C.

Date:

8/18/03

Interment space for:

Johnnie Timms

Interment Date:

8/22/03

Time:

1:00 Chapel

Div: 11

Sect: 2

Blk/Row: —

Lot: 88

Gr: 9

Grave Laid out by:

NORMAN FERGUSON

Agrees with Legal Card:

☒ Yes

☐ No

Agrees with Map:

☒ Yes

☐ No

Flag on grave

Blind Check & Verified By:

David Moring

Date:

8-19-03

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) Johnie	1B. MIDDLE L.	1C. LAST (FAMILY) Timms	2. DATE OF BIRTH MONTH, DAY, YEAR 01/08/1917	3. DATE OF DEATH MONTH, DAY, YEAR 08/13/2003	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Roger Timms, Husband 731 Raven Street San Diego, CA 92102	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* 8B. DATE SIGNED: **08/15/2003**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	8A. AMOUNT OF FEE PAID 13.00	8B. DATE PERMIT ISSUED 08/20/2003 8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
---	--	--	--	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 8511 Maghat Street San Diego, CA 92102	11B. DATE BURIED 8-20-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug 18 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Delphnich ← 4th 5th

In a Ashes NT Funeral, date, time Sat 8/23 11:30
Type of Burial Container
Church, Chapel, Graveside : Community Mortuary.

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

Lot 4424 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund w/ Mary Ellen 231

Additional spaces and care fund _____ 116

Opening/Closing & Setup _____ 61

Burial Container **PAID** 60

Handling Fee _____ 50

Flower vases - Marker setting fee AUG 18 2003 4.73

Recording and filing fee MT. HOPE CEMETARY 528.73

Sales taxes CITY OF SAN DIEGO, CA 528.73

Total Due 528.73

Paid receipt number R50590 528.73

Balance due 0

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

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

Signature of reported holder of deed

[Signature]

Mary Jane Delphnich
Signature
1151 Twin Oaks Ave
Address
Chula Vista, Ca 91911
City
(619) 422-0371 Zip Code
Telephone

Work Order # **E** 17989

Invoice # _____

Acct. # _____

TOP of Mary Ellen

MT HOPE CEMETERY

E 17989

GRAVE BLIND CHECK FORM

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

		Lincoln	Lord			
			X	Wall		
		Frazier	Coates	Horley		

Blind Check Initiated By: Pen Date: 8/18

Interment space for: Robert Delphernich ☒

Interment Date: Sat 8/23 Time: 11:30

Div: 10 Sect: X Blk/Row: Lot: 4424 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAKREY Date: 8-20-03

flag on grave

E-17989

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Robert		1B. MIDDLE John	1C. LAST (FAMILY) Delphenich		2. DATE OF BIRTH MONTH DAY YEAR 11/26/1929	3. DATE OF DEATH MONTH DAY YEAR 08/09/2000	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary Jane Delphenich - Wife 1131 Twain Oaks Ave Chula Vista California 91911			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Community Mortuary 855 Broadway Chula Vista California 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 08/13/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.							
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/13/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313450 D. Heldenbrand	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records San Diego County 8502 Box 85222 San Diego California 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego California 92102		11B. DATE BURIED 8-23-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services Inc 2500 Fortune Way Vista California 92088		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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.

J W Schock

Director of Operations

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug 9, 83

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

of Johnnie Richardson
In a liner Funeral, date, time Fri 8/22 10:00
Type of Burial Container
Church, Chapel, Graveside Rapdale Mortuary Stupper

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$300
will be applied and billed to undersigned.

Lot 97 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund E 12204

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

Ram

Signature

Address

City

Telephone

Zip Code

Invoice # _____

Acct. # _____

Work Order # E 17990

MT HOPE CEMETERY E-17990

GRAVE BLIND CHECK FORM

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

		BUTLER	1	2		
	1	2	X	2	2	
	1			2		

Blind Check Initiated By: Ram Date: 8/19

Interment space for: Johnnie Richardson

Interment Date: Fri 8/22 Time: 10:00

Div: 12 Sect: 3 Blk/Row: 97 Gr: 11

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No F"

Agrees with Map: ☒ Yes ☐ No TIAN

Blind Check & Verified By: David Morrison 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

1A. NAME OF DECEDENT—FIRST (GIVEN) Johnnie		1B. MIDDLE -	1C. LAST (FAMILY) Richardson	2. DATE OF BIRTH MONTH, DAY, YEAR 02/12/1926	3. DATE OF DEATH MONTH, DAY, YEAR FND 08/15/2003	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Iris Charity, Daughter 4368 Keeler Avenue San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/20/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 08/20/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-22-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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

Ad
RuelMT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug 19, 03

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

of Johnnie Richardsonin a liner Funeral, date, time Aug 22 10:00

Type of Burial Container

☒ Church, Chapel, Grave site: Kapdalo Mortuary

All Funeral caskets must arrive before 9:00 a.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 97 Grave 11 Row Section 3 Division/Block 12Grave space & Care Fund E 12204Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording and filing fee Sales taxes Total Due Void receipt number Balance due I hereby certify I am the X Ad Ruel of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.I hereby authorize the interment in lot
hold under deed.

Signature of authorized holder of deed

Signature X Ad RuelAddress 3848 Hemlock StCity San Diego CA 92113Phone 619 204-5279

Telephone

Work Order # E 17990Invoice # Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-20-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Young 228757

In a Liner Type of Burial Container Funeral, date, time Fri. Aug. 22 2:00
Church, Chapel Graveside : MAYER Mortuary. JEANNE RUGANI

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

Lot 121 Grave 6 Row Section 1 Division/Block 11

Grave space & Care Fund 12550

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee paid by Visa 8/20/03

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

[Signature]
Address 6320 Sunny Breeze Dr
City San Diego CA 92115
Telephone (619) 337-7607

Work Order # E 17991

Invoice #

Acct. #

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: _____

CALL TAKEN BY: _____

RECEIVED CALL FROM:

☒ MORTUARY NAME: WATSON - DORRIS RUSSELL
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: MARY ENNIS
TELEPHONE NUMBER: 258-5589
RELATIONSHIP TO DECEASED: NEPHEW

Cell 889-5338

NAME OF DECEASED:

LAST NAME: Young
FIRST NAME: ROBERT INITIAL: J.
D.O.D. _____ D.O.B. _____
VETERAN: ☒ YES BRANCH OF SERVICE: NAVY
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: _____ x _____ x _____

FUNERAL SERVICE:

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☒ GRAVE SIDE
LOCATION OF SERVICE: GLADESIDE
DATE OF SERVICE: 8-22-03 TIME OF SERVICE: 2:00 P.M.
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: 2:10 P.M.

CEMETERY PROPERTY: ☐ A/N ☒ P/N ☒ P/N Trust

DIV: 11 SECT: 1 BLK/ROW: _____ LOT: 121 GR: 6
☐ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: _____

MT HOPE CEMETERY E-17991

GRAVE BLIND CHECK FORM

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

			CAVE			
		Young	X	Everett		
			Banks	Jarrett		

Blind Check Initiated By: Phu Date: 8/20

Interment space for: Robert Young

Interment Date: 08-22-03 Time: 2:00 Graveside

Div: 11 Sect: 1 Blk/Row: Lot: 121 Gr: 6

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 8-20-03

flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ROBERT		1B. MIDDLE JAMES	1C. LAST (FAMILY) YOUNG	2. DATE OF BIRTH MONTH, DAY, YEAR 09/20/1923	3. DATE OF DEATH MONTH, DAY, YEAR 08/19/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERT YOUNG, JR. - SON 6320 SUNNY BRAE DR. SAN DIEGO, CA 92119		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1424		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/20/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/21/2003 R. MARTINEZ	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2313914
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITALRECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-22-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

Pre-1994-
Trust
at Need

E-12991

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/26/95

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

of Mildred Young

in a Times Funeral, date, time 10/31/95 - 11AM

Church, Chapel, Graveside Graveside Maple Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.

will be applied and billed to undersigned. R. J. Young

War time veteran yes

Lot 131 Grave 546 Row 1 Section 1 Division/Block 11

Grave space & Care Fund 2 at \$895.00 1790 \$750.00

Additional spaces and care fund

Opening/Closing & Setup 2 @ 375.00 750.00

Burial Container 2 @ 190.00 380.00

Handling Fees 2 @ 145.00 290.00

Flower vases - Marker setting fee

Recording and filing fee 2 @ 45.00 90.00

Sales taxes 2 @ 13.30 26.60

PAID

OCT 30 1995

Total Due 3,321.60

Paid receipt number 46737 831.00

Balance due 2,490.60

husband R-46746 of the above named decedent

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

Signature of recorded holder of deed

Signature R. J. Young

Address 8746 Pent Ct.

City San Diego CA 92119 Zip Code

Telephone (619) 460-0480

Work Order # E 12550

Invoice #

Acct. #

PY-593 (Rev. 8-92)

3:00pm

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug 20 03

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

of Joseph Weinberg 134148
in a line Funeral, date, time Friday August 11:00
Church, Chapel, Grave site Mt. Israel Mortuary. 17

All Funeral cars must arrive before 3:30 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/Block 10

Grave space & Care Fund _____ 1095-

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413-

Burial Container _____ 209-

Handling Fees _____ 160-

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50-

Sales taxes _____ 16.20

Total Due _____ 1943.20

Paid receipt number VISA 1943.20

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice # _____

Acct. # _____

Work Order # E

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug 20, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Amos Todd & Ethel Todd

In a DD Crypt Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 5146 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 13 x 2 826-

Burial Container _____ 418-

Handling Fees _____ 352-

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50 x 2 100-

Sales taxes _____ 32.40

Total Due _____ 1728.40

Paid receipt number R 56600 432.00

Balance due 1296.40

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

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

Signature of record holder of deed

Paw

Amos Todd
Address 2535-55th St
San Diego 92105
City San Diego Zip Code
619-262-7040
Telephone

Work Order # E 17993

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E17993 56678

Date: Sept 16, 20 03

From: Ethel Sodd Address: 2535 55th St. SD 92105
fifty four Dollars (\$ 54.00)

in part Payment of pre-need
Lot 5146 Grave 1 Row _____ Section _____ Division 10
Block 10

Invoice No. E17993

Acct. No. _____

W.O. _____

BALANCE DUE 1242.40NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE

PAID

SEP 2 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

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

TOTAL PAID

\$

54 00

54 00

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

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56882

Date: Nov. 12, 20 03From: Ethel Todd Address: 2535 55th St 80 92105in pre-need Payment of pre-need Dollars (\$) 54.00Lot 5140 Grave 1 Row _____ Section _____ Division 10Invoice No. E 17993

Acct. No. _____

W.O. _____

BALANCE DUE 1188.40Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

NOV 12 2003

MOUNT HOPE CEMETERY

ISSUED BY Ram Helzel

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

TOTAL PAID

\$

54.00

54.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56600

Date: Aug 28, 2003
 From: Amos Ethel Todd Address: 2535 55th St SD 92105
Four Hundred Thirty Two Dollars (\$ 432.00)
 in paid Payment of pre need trust
 Lot 5146 Grave 1 Row _____ Section _____ Division 10
 Block _____
Invoice No. E 17993

Acct. No. _____

W.O. _____

BALANCE DUE 1296.40NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>432.00</u>
Trust	77186	
Sales Tax	60101	
	78390	<u>432.00</u>
TOTAL PAID	\$	

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

ISSUED BY

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug 21, 03

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

in a DD Crypt 1st Funeral, date, time Mon 8/25 11:00

Church, Chapel Graveside : Rosedale Mortuary.

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

Lot 2822 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-17586

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

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

Work Order # E 17994 Invoice # _____

Acct. # _____

REA-104 (7-95) This information is available in alternative formats upon request.

MT HOPE CEMETERY

E-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.

	Battle		Trombly	Wikos		
			x		Hill	
		Coffin		Sawick		

Blind Check Initiated By: Pam/Nancy Date: 8/21

Interment space for: Hazel Battle

Interment Date: Mon 8/25 Time: 11:00

Div: 10 Sect: Blk/Row: Lot: 2822 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY Date: 8-21-03

flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Hazel		1B. MIDDLE Marie	1C. LAST (FAMILY) Battle	2. DATE OF BIRTH MONTH, DAY, YEAR 08/26/1916	3. DATE OF DEATH MONTH, DAY, YEAR 08/18/2003	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT James Battle, Jr., Son 13137 Tawny Way Poway, CA 92064		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> 8B. DATE SIGNED 08/20/2003		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 08/21/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-25-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE -

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

Attned

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Aug 21, 03

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

In a D.D. Crypt 1st Funeral, date, time Mon 8/25 11:00
Church, Graveside : Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$200 will be applied and billed to undersigned.

Lot 2822 Grave 1 Row Section Division/Block 10

Grave space & Care Fund

Additional space and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

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

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

Signature of requested holder of title

Hazel W Battle
13137 Tawny Way
Poway, CA 92064
(858) 451-0634

Work Order # E

REA-104 (7-98)

17994

Invoice #

Acct. #

This information is available in alternative formats upon request.

Go Printed on recycled paper

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-25-03

*pre need
lot & trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Michael H. Sullivan ¹³⁴¹⁵²

in a 2cher 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 72 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund 413.00

Opening/Closing & Setup 209.00

Burial Container 160.00

Handling Fees 50.00

Flower vases - Marker setting fee 16.20

Recording and filing fee 1833.20

Sales taxes 1833.20

PAID

AUG 25 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1833.20

Paid receipt number Paid by [Signature] 1833.20

Balance due 0

*CDL #0448123
11-14-03*

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

Julie A. Sullivan ¹³⁴¹⁴⁴

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

Signature of recorded holder of deed

[Signature]
14805 Jwain Ave.
San Diego CA 92120
(619) 583-8478

Telephone

Zip Code

Work Order # **E** 17995

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT NEED

Date 8-25-03

12 CHAIRS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby I. TRAYLOR

In a FEH VAULT Funeral, date, time SEPT 4th Thurs 2:30
Type of Burial Container
Church, Chapel, Graveside; FAMILY Mortuary.

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

Lot 38 Grave 8 Row _____ Section 2 Division/Block 7

Grave space & Care Fund E-9761

Additional spaces and care fund

Opening/Closing & Setup

Burial Container E-2292

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

John Traylor
Signature
877 Island Ave.
Address
San Diego 92101
City
(619) 454-9231
Telephone
Zip Code

Work Order # E 17996

Invoice #

Acct. #

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.

White	Watkins	Watkins	X	Bennett	Tsuda	
	ENRIQUE	LAKSON	Dobyns	Dobyns	Keller	

Blind Check Initiated By: Paullette Date: 9-2

Interment space for: Ruby Traylor

Interment Date: Sept. 4th Time: 2:30 pm ES

Div: 7 Sect: 2 Blk/Row: Lot: 38 Gr: 2

Grave Laid out by: Norman L Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on
grave


Blind Check & Verified By: Paullette Date: 9-2-03

84217

E17996 AAJ
570

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) RUBY	1B. MIDDLE INEZ	1C. LAST (FAMILY) TRAYLOR	2. DATE OF BIRTH MONTH, DAY, YEAR 06/23/1908	3. DATE OF DEATH MONTH, DAY, YEAR 08/23/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN TRAYLOR - SON 877 ISLAND AVE. SAN DIEGO, CA 92101	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ECM-BENBOUGH CHAPEL 3051 EL CAJON BLVD. SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480		8A. SIGNATURE OF APPLICANT—Person taking permit 	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/25/2003	



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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/26/2003 J. FLORES	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314114
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS... P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-4-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3000 CARMEL AVE SAN DIEGO, CA 92113	12B. DATE CREMATED 7/27/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/26/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catherine Diaz 134152

in a _____ Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 1568 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 1095

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

AUG 26 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1095

Paid receipt number 56611 1095

Balance due 0

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

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

Shirley D. Diaz 134152 Shirley D. Diaz
Signature of recorded holder of deed
Address 6703-Bell Bluff Ave.
City San Diego, CA 92119 Zip Code
(619) 917-5294 Telephone

Paullette 17997
Invoice # _____

Work Order # E Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT NEED

Date 8-26-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CAROL ANN Moliere

in a Liner Funeral, date, time FRIDAY AUG. 29 10:00
Type of Burial Container Church, Chapel Graveside : Featheringill Mortuary. ED

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

Lot 7 Grave 10 Row _____ Section 1 Division/Block 12
Grave space & Care Fund **PAID** 985.00
Additional spaces and care fund _____
Opening/Closing & Setup AUG 26 2003 413.00
Burial Container MT. HOPE CEMETARY 209.00
Handling Fee CITY OF SAN DIEGO, CA 160.00
Flower vases - Marker setting fee _____
Recording and filing fee 50.00
Sales taxes 16.20
Total Due 1833.20
Paid receipt number Card 1833.20
Balance due 0

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

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

Signature of recorded holder of deed

James Moliere (James Moliere)
Signature 6504 Osler St
Address San Diego, CA 92111
City 858-225-1760 Zip Code
Telephone 292-8197

Work Order # E 17998

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

17998

GRAVE BLIND CHECK FORM

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

	Mabrey		X			
				Jones		

Blind Check Initiated By: Nancy Date: 8/27/03

Interment space for: Carol Ann Moliere

Interment Date: 8/29/03 Time: 10:00 Graveside

Div: 12 Sect: 1 Blk/Row: Lot: 7 Gr: 10

Grave Laid out by: NORMAN FORCUDON


Agrees with Legal Card: ☒ Yes ☐ No

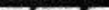
Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Chawan Date: 8-27-03

E-17998

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Carol		1B. MIDDLE Ann	1C. LAST (FAMILY) Moliere	2. DATE OF BIRTH MONTH DAY YEAR 11/25/1944	3. DATE OF DEATH MONTH DAY YEAR 08/25/2003	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT James Moliere, Son 5093 Conrad Ave., San Diego, CA 92117		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit; 	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/26/2003

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/27/2003 K. Zaretska	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  2314238
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 8-29-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David J. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-27-03

*pre-need
lot transfer*

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

of Transfer from Ruth Marsh Bowen to Mad.
In a burial for Lillian Jones Jones
Funeral, date, time

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

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

Lot 83 Grave 2 Row — Section 2 Division/Block 7

Grave space & Care Fund A-5429 0

Additional spaces and care fund —

Opening/Closing & Setup —

Burial Container —

Handling Fees —

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes —

Total Due —

Paid receipt number R-56615 45.00

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Paulitti

Work Order # **E**

17999

Deed to Mr. + Mrs. Jones

66661-7

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.

Seller is authorized to issue Certificate of Ownership as follows: ☒ Joint Tenancy ☐ Individual Ownership

NAME: SAMUEL AND/OR SALLIE JONES H & W.
(PRINT) (RELATIONSHIP)

Accepted by Cemetery Broker

this 15 day of JUNE, 19 2002

By Fred Zarse
FREDRIC E. ZARSE

Contract No. _____ Source Ty Brown

IMPORTANT: The terms and conditions on the reverse side are part of this agreement.

BUYER'S SIGNATURE

BUYER'S SIGNATURE

HOME ADDRESS:

7774 Woodbine Way
SAN DIEGO, CA 92114
(CITY, STATE, ZIP CODE)

TELEPHONE:

470-2731

Counselor

FRED ZARSE

No. _____

under, including transfer fee, is fully paid, except upon written permission of Seller. Any interment made or which may be made before the time of 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 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.
- _____ (J) Personal and family maintenance.
- _____ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
- _____ (L) Retirement plan transactions.
- _____ (M) Tax matters.
- RMB (N) ALL OF THE POWERS LISTED ABOVE.

7130

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

~~STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.~~

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 30 day of December, 2000 in the County of San Diego, State of California.

Ruth Mildred Bowen
(Your signature)
443-18-6535
(Your social security number)

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN DIEGO)

On December 30, 2000, before me, SALLY E. BOWLBY, a Notary Public in and for said State, personally appeared RUTH MILDRED BOWEN, 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 her 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 Sally E. Bowlby
Notary Public

[Seal]



E-17999

DOC # 2001-0004132

RECORDING REQUESTED BY
Ruth Mildred Bowen

JAN 03, 2001 4:05 PM

AND WHEN RECORDED MAIL TO
RUTH MILDRED BOWEN
317 ESTORNINO LANE
EL CAJON, CA 92021

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. THIS 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
MOUNT HOPE CEMETERYE 17999
No C 6057DATE 2-14 1953

When stamped "PAID" in space below, this acknowledges payment

BY Ruth M Marsh ADDRESS 2124 Encinitas Rd El Cajon,
OF Sixty two/100 DOLLARS (\$ 60.00)
IN full PAYMENT OF The Year

LOT 83 GRAVE 2 ROW _____ SECTION 2 DIVISION 7
~~Block~~INVOICE NO. 33478 W.O. A 5429CREDIT: SALES (306/951) \$30.00 BOXES (100/778 2) _____

OPENINGS (100/778 1) _____ REMOVALS FOUNDATIONS (100/778 3) _____

HALF SALES OF LOTS (100/778 4) \$30.00UNPAID BALANCE AFTER THIS PAYMENT 0 ISSUED BY R. L. Farn
FORM 212

Not valid for purpose stated unless stamped "PAID" in this space.



POWER OF ATTORNEY

E-17999

KNOW ALL MEN BY THESE PRESENTS : That _____

VIRGINIA FRANSWAY

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE, a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE

DIVISION 7, LOT 83 SECTION 2 GRAVE 2

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature

x Virginia Fransway
Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of California County of San Diego

On October 18, 192001 before me, the undersigned, a Notary Public in and for said State

personally appeared, Virginia Fransway

personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

X [Signature]
Notary Public Signature

(SEAL)



OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney

DATE OF DOCUMENT _____ NUMBER OF PAGES _____

SIGNER(S) OTHER THAN NAMED ABOVE _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 08/27/03

Total 10 Chairs
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shirley Lyons Swift

in a Bell Funeral, date, time Sat. 8/30/03 10:00
Type of Burial Container
Church, Chapel, Graveside : Requiesce Mortuary.

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

Lot 40 Grave 11 Row _____ Section 2 Division/Block 11

Grave space & Care Fund E-17574 8

Additional spaces and care fund Saturday overtime 660-

Opening/Closing & Setup E-17574 -

Burial Container " -

Handling Fees " -

Flower vases - Marker setting fee " -

Recording and filing fee " -

Sales taxes " -

Total Due 660

Paid receipt number 660

Balance due 0

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

Trina J. Wright
I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Trina J. Wright
Address 408 Sunflower Street
Savoy IL 61874
City Savoy Zip Code 61874
Telephone (217) 355-6441

credit card
18000

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18000

GRAVE BLIND CHECK FORM

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

				turner	turner	
Phillips	Blackman		X			
			Lewis	Scott	Shelton	Chapman

Blind Check Initiated By: Nancy Date: 8/27/03

Interment space for: Shirley L. Swift

Interment Date: 8/30/03 Time: 10:00

Div: 11 Sect: 2 Blk/Row: Lot: 40 Gr: 11

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Morgan Date: 8-28-03

E-18000

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Shirley	1B. MIDDLE Mary	1C. LAST (FAMILY) Swift	2. DATE OF BIRTH MONTH, DAY, YEAR 03/22/1938	3. DATE OF DEATH MONTH, DAY, YEAR 08/26/2003	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Trina J. Wright, Daughter 408 Sunflower Street Savoy, IL 61874		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED 08/27/2003		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID 13.00 9B. DATE PERMIT ISSUED 08/28/2003 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--	--	--

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92108	11B. DATE BURIED 8-30-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

08/27/03

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

In a Top Seal Funeral, date, time Fri. 9/5/03 1:00pm
Church, Chapel, Graveside : Harford Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 165 - per
will be applied and billed to undersigned.

Lot _____ Grave 15 Row 9 Section _____ Division/Block Chin

Grave space & Care Fund D-8555

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fee _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

AUG 27 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 963.31

Paid receipt number 96331

Balance due 163.31

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice # _____

Acct. # _____

Work Order # E

MT HOPE CEMETERY E 18001

GRAVE BLIND CHECK FORM

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

West

			X			
			Bruce	Queen		

Blind Check Initiated By: Pam Date: 9/2

Interment space for: Stanley C. Lee

Interment Date: 9/5/03 Time: 1:00 pm

Div: Chin Sect: 1 Blk/Row: 9 Lot: 15 Gr: 15

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ~~Mark~~ Date: flag in grave

E-78001

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FND

1A. NAME OF DECEDENT—FIRST (GIVEN) Stanley	1B. MIDDLE C.	1C. LAST (FAMILY) Lee	2. DATE OF BIRTH 08/12/1931	3. DATE OF DEATH 08/14/2003	4. SEX M
5A. CITY OF DEATH Hemet		5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE Riverside		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Carla Thibesult PO BOX 812 Barnstable, MA 02630	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Harford Funeral Home; 120 N. Buena Vista Hemet, CA 92543			7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 282		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Tom R. [Signature]</i>		8B. DATE SIGNED 08/27/2003

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/27/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Gary Feldman MD/NW</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Riverside County Health Department PO Box 7600; Riverside, CA 92513		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego County Health Department PO Box 85222; San Diego, CA 92186-5222		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-5-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT NEED

Date 8-28-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 13418 Joseph Weinberg

In a Liner Funeral, date, time FRI. AUG 29th 11:00
Type of Burial Container
Church, Chapel, Graveside AM BIRAZEL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 583.8850
will be applied and billed to undersigned.

Lot 1895 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-17992 ☒

Additional spaces and care fund _____ ☐

Opening/Closing & Setup E-17992 ☒

Burial Container " ☒

Handling Fees " ☒

Flower vases - Marker setting fee _____ ☐

Recording and filing fee " ☒

Sales taxes " ☒

Total Due 2

Paid receipt number Paid by Visa

Balance due ☒

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

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

Signature of recorded holder of deed _____

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

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Aug 20 03

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

of Joseph Weinberg

In a line Funeral, date, time Friday 8/22/03 11:00 AM

Church, Chapel, Graveside Graveside Mortuary 17

All Funeral cars must arrive before 3:30 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/Block 10

Grave space & Care Fund 1095-

Additional spaces and care fund

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fees 160-

Flower vases - Marker setting fee

Recording and filing fee 50-

Sales taxes 16.20

Total Due 1943.20

Paid receipt number VLSa 1943.20

Balance due 0

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

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

Signature of recorded holder of deed

Kam

Signature S. K. Kloss
Address 1819 Williams St
City Simi Valley, 93065
Telephone 805.579.6047

Work Order # E

17992

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 18002

GRAVE BLIND CHECK FORM

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

	Turbin	Mattson	X	Campbell		Gibson

Blind Check Initiated By: Joseph ^{Paulette} Date: 8/28

Interment space for: Joseph Weinberg

Interment Date: 8-29 Time: 11:00 G.S.

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1895 Gr: 1

Grave Laid out by: NORMAN TERENSON

Agrees with Legal Card: ☒ Yes ☐ No


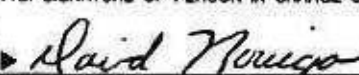
Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C. Pallen Date: 8-28-03

E-18002

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOSEPH		1B. MIDDLE -	1C. LAST (FAMILY) WEINBERG		2. DATE OF BIRTH MONTH DAY YEAR 05/03/1914	3. DATE OF DEATH MONTH DAY YEAR 08/27/2003	4. SEX M
5A. CITY OF DEATH CORONADO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SUE KRILOFF, DAUGHTER 1819 WILLIAMS STREET CORONADO, CA 92190065		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH AM ISRAEL MORTUARY 6316 EL CAJON BLVD. SAN DIEGO, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1320		8A. SIGNATURE OF APPLICANT—Person taking permit 	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 08/27/2003			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/28/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT RUSSELL BERG	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY NOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102			11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A			12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A			13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

*pre-need
lot + trust
95% down*

City of San Diego

Date 8-28-03

Pin# 134154

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

of Jos. Gonzalo & Josephine P. Arevalo

In a DB Crypt Funeral, date, time 134154

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 47 Grave 10 Row — Section 1 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund —

Opening/Closing & Setup (2) opening / closing 826.00

Burial Container PAID 418.00

Handling Fees 352.00

Flower vases - Marker setting fee OCT 28 2005 —

Recording and filing fee (2) Record / filing 100.00

Sales taxes MOUNT HOPE CE 32.90

Total Due 2713.90

Paid receipt number MYC 25% 678.00

Balance due 2035.90

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.

Gonzalo Arevalo

Signature of recorded holder of deed

José Arevalo
Signature 11638 PRIMERA ST.
Address LEMON GROVE CA 91745
City (619) 337-1868 Zip Code
Telephone

Paulatta

Work Order # E

18003

Invoice # _____

Acct. # _____

11-1-05
Mailed Book

E-18003

DEBIT

CREDIT

BALANCE

PAID

Balance 0

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56787

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Oct. 13, 20 03
 From: G. Arvalo Address: 1638 Princeton St. LG 91945
Eighty four & 81/100 Dollars (\$ 84.81)

 In past Payment of pre-mud
 Lot 47 Grave 10 Row _____ Section 1 Division 12
Invoice No. E18003

Acct. No. _____

W.O. _____

BALANCE DUE 1950.59NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID****OCT 13 2003****MOUNT HOPE CEMETERY**ISSUED BY Ram Hetzel

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

TOTAL PAID

\$

84 81Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request

E-18003

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS
ESTABLISHED FOR:

23 months @
\$ 85.00

1 month @
\$ 80.40

Name

Address

PURCHASER

GONZALO AREVALO
JOSEPHINE P. AREVALO

Print Name

Gonzalo Arevalo
Josephine P. Arevalo
Signature

1638 PRIMERA ST
Street Address (Mail)

LEMON GROVE CA 91945
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Paulette Crawford

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT NEED

Date 8/29/03

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

of Douglas E. Battle ^{9th Pl.}

in a Lines ^{Pl.} Funeral, date, time Tues. Sept 3 11:00

Church: Chapel Graveside CA Burial Mortuary Kevin

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

will be applied and billed to undersigned.

Lot 83 Grave 2 Row Section 1 Division/Block 12

Grave space & Care Fund PAID 985.00

Additional spaces and care fund

Opening/Closing & Setup SEP 08 2003 413.00

Burial Container 209.00

Handling Fee MT. HOPE CEMETARY 160.00
CITY OF SAN DIEGO, CA

Flower vases - Marker setting fee

Recording and filing fee 50.00

Sales taxes 16.20

Total Due 1,833.20

Paid receipt number R-36051 1,833.20

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E

18004

Invoice #

Acct. #

Mo. of. to pay
286-2674

Paulotta

MT HOPE CEMETERY E-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.

		Reese	Reese	Reese		
			X			
		Pierson				

Blind Check Initiated By: Paullette Date: _____

Interment space for: Douglas Battle

Interment Date: 9/9 PC Time: 11:00 Chapel

Div: 12 Sect: 1 Blk/Row: _____ Lot: 83 Gr: 2

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Norwig Flag on grave Date: 9-8-03

E-18004

52

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Douglas	1B. MIDDLE Karl	1C. LAST (FAMILY) Battle	2. DATE OF BIRTH MONTH, DAY, YEAR 08/13/1950	3. DATE OF DEATH MONTH, DAY, YEAR 08/26/2003	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Patricia Ramsey-Sister 711 Escuela St., San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 3880 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE Pd-1357	8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 09/02/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/02/2003 J. Benyard	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314516
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records—P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- ☐ 1A. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market ST. San Diego, CA 92102	11B. DATE BURIED 9-9-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Mt Hope
Pre-need for just
12 chairs &
possible

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-29-03

134160

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Gladys L. McClelland

In a Lines Funeral, date, time 9/4/03 10:00am

Type of Burial Container Graveside Church, Chapel Featheringill Mortuary.

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

Lot 7 Grave 5 Row Section 1 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee

Recording and filing fee 50.00

Sales taxes 16.20

PAID

AUG 29 2003

MT. HOPE CEMETARY 50.00

CITY OF SAN DIEGO, CA 16.20

Total Due 1,833.20

Paid receipt number R-56624 1,833.20

Balance due 0

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

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

Joseph. Rea
Signature of recorded holder of deed

Signature [Signature]
Address 1332 Pepper Dr.
El Cajon, CA. 92021
City 619-440-0549 Zip Code
Telephone

Paula
Work Order # **E** 18005

Invoice #

Acct. #

MT HOPE CEMETERY E 18005

GRAVE BLIND CHECK FORM

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

Strut-Horton

						<i>tree</i>
			X			<i>Bushes</i>
<i>Marking</i>						

Blind Check Initiated By: *Don* Date: *9/2*

Interment space for: *Lady's L. McClelland*

Interment Date: *Thurs 9/4* Time: *10:00*

Div: *12* Sect: *1* Blk/Row: _____ Lot: *7* Gr: *5*

Grave Laid out by: *NORMAN FERGUSON*

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

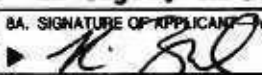
Blind Check & Verified By: *Paul Morgan* Date: *9-2-03*

*flag on
grave*

E-18005

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Gladys	1B. MIDDLE Louise	1C. LAST (FAMILY) McClelland	2. DATE OF BIRTH MONTH, DAY, YEAR 12/17/1917	3. DATE OF DEATH MONTH, DAY, YEAR 08/30/2003	4. SEX F
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Joe Rea, Son 1332 Pepper Dr., El Cajon, CA 92021	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT Person taking permit 	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 09/03/2003	


PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/04/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. Zaratzka
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 1-4-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

9/2/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teresa Morales 134162

In a linco Funeral, date, time Thurs. 9/4 10:00
Church Chapel, Graveside Atzlan Mortuary.

All Funeral cars must arrive before ~~5:00~~ ^{5:00} p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 146 Grave 8 Row _____ Section 2 Division/Bleak 12

Grave space & Care Fund _____ 985-

Additional spaces and care fund _____

Opening/Closing & Setup _____ **PAID** 413.-

Burial Container _____ 209-

Handling Fee _____ 160-

Flower vases - Marker setting fee _____ 50-

Recording and filing fee _____ 16.20

Sales taxes _____

Total Due _____ 1833.20

Paid receipt number R50925 1833.20

Balance due 0

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

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

Signature of recorded holder of deed

Ran

Work Order # **E**

18006

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E 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.

		free				
			Taylor	Robinson		
	Griffis	Salinas	x			
				Red		

Blind Check Initiated By: Pam Date: 9/2

Interment space for: Teresa Morales

Interment Date: Thurs 9/4 Time: 10:00

Div: 12 Sect: 2 Blk/Row: Lot: 146 Gr: 8

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Neri Date: 9-2-03

flag in grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Teresa	1B. MIDDLE -	1C. LAST (FAMILY) Miranda Magana	2. DATE OF BIRTH MONTH, DAY, YEAR 08/05/1949	3. DATE OF DEATH MONTH, DAY, YEAR 08/22/2003	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Bartolo Fernandez-Husband 3719 Acacia St. San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941			7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1658		

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED Leah A. Mata 09/02/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Nancy L. Bowman MD
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St. San Diego, CA 92182	11B. DATE BURIED 1-4-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

9/2/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cesar Lino 134157

In a _____ Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 8 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

SEP 12 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due _____

Paid receipt number waived

Balance due 0

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

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

St. Matthew's Episcopal Church
Signature of recorded holder of deed
587 34

Rev. Patricia Anderson
Signature
521 E. 8th Street
Address
National City, CA 91950
City
619 (474) 8016
Telephone
Zip Code

Work Order # E 18007

Invoice # _____

Acct. # _____



E-18007

THE CITY OF SAN DIEGO

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

Date: September 2, 2003

I/We St. Matthew's Episcopal Church

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO Cesar Lino

Street Address: 9233 Fenway Rd Apt / Unit #: _____

City: Santee ST: CA Zip-Code: 92071

Telephone #: (619) 596-6611

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 12 Section: " 2 " Blk / Row: " N/A "
Lot(s): 8 Grave(s): 6

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 2nd day September 2003

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

WITNESS

WITNESS

Pamala Hetzel
CEMETERY REPRESENTATIVE NAME

Rev. Patricia E. Andrew Caffari
Legal Owner - Representative Signature
for St. Matthew's Episcopal Church
Legal Owner - Representative Signature
Pamela Hetzel
Cemetery Representative Signature



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept 2

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie May Thomas in a liner Funeral, date, time Fri 9/5 1:00 Church/Chapel, Graveside CABUNAL Mortuary.

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

Lot 249 Grave 3 Row _____ Section 2 Division/Bldg. 12

Grave space & Care Fund E 17830

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees **PAID** _____

Flower vases - Marker setting fee _____

Recording and filing fee SEP 02 2003 _____

Sales taxes MT. HOPE CEMETARY _____

CITY OF SAN DIEGO City Total Due _____

Paid receipt number R-56628

Balance due _____

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

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

Signature of recorded holder of deed

Eddie L. Robinson
Signature
415 Milbraes
Address
SD CA 92113
City
619 262 4660
Telephone
Zip Code

Work Order # E 18008

Invoice # _____

Acct. # _____

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
	Lopez		X			Chamberlain
	Lopez					

Blind Check Initiated By: D. Paulette Pam Date: 9/2

Interment space for: Annie May Thomas

Interment Date: Fri 9/5 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: Lot: 249 Gr: 3

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Newgate Date: 9-3-03

flag on
grave

E-18008

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ANNIE		1B. MIDDLE M	1C. LAST (FAMILY) THOMAS	2. DATE OF BIRTH MONTH, DAY, YEAR 11/30/1931	3. DATE OF DEATH MONTH, DAY, YEAR 08/29/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DELORES WHITE -DAUGHTER 312 THRUSH ST. SAN DIEGO CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		8A. SIGNATURE OF APPLICANT—Person taking permit 09/03/2003		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/03/2003				
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 PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 09/04/2003 V. MITCHELL		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314673
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS-P.O. BOX 85222 SAN DIEGO CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102		11B. DATE BURIED 9-5-3	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 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 Sept 3, 03

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

in a TS Vault Funeral, date, time Sat 9/6 11:00

Church, Chapel, Graveside Bayview Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 50 will be applied and billed to undersigned.

Lot 8 Grave 6 Row Section 2 Division/Block 12

Grave space & Care Fund E-18007 0

Additional spaces and care fund OT 1000.-

Opening/Closing & Setup 43.-

Burial Container **PAID** 275.-

Handling Fees 204.-

Flower vases - Marker setting fee SEP 03 2003

Recording and filing fee 50.-

Sales taxes 21.31

Total Due 1623.31

Paid receipt number 142331

Balance due 0

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

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

Signature of recorded holder of deed

X Caesar Pineda
Signature 9233 Fenway Rd
Address San Jose, CA 92071
City 619-596-0619 Zip Code
Telephone

Work Order # **E** 18009

Invoice #
Acct. #

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.

		tree		turner		
	Blount		X			
	Palmer					

Blind Check Initiated By: Pam Date: 9/3

Interment space for: Saturnina Line

Interment Date: Sat 9/4 Time: 11:00

Div: 12 Sect: 2 Blk/Row: Lot: 8 Gr: 6

Grave Laid out by: NORMAN FORSDON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Morgan Date: 9-3-03

flag on
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) SATURNINA	1B. MIDDLE PLADIO	1C. LAST (FAMILY) LINO	2. DATE OF BIRTH MONTH DAY YEAR 03/10/1923	3. DATE OF DEATH MONTH DAY YEAR 08/28/2003	4. SEX F
5A. CITY OF DEATH SANTEE		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CESAR LINO - SON 9233 FERWAY RD. SANTEE, CA 92071	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BAYVIEW MEMORIAL FUNERAL HOME # 564 BROADWAY EL CAJON, CA 92021			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1709		

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

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* 8B. DATE SIGNED: **09/02/2003**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/02/2003 R. MARTINEZ	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314482
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITALS RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. ROPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-6-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-3-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dee Cook 134166

In a Liner Funeral, date, time MON SEPT. 8th 1:00

Church, Chapel, Graveside CA Burial Mortuary.

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

will be applied and billed to undersigned. _____

Lot 108 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 985.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413.00

Burial Container _____ 209.00

Handling Fees _____ 160.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50.00

Sales taxes _____ 1620

Total Due _____ 1833.20

Paid receipt number 256638 1833.20

Balance due 0

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

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

Signature of recorded holder of deed

Bulette

Work Order # E 18010

Signature

Address

City

Zip Code

Telephone

Invoice # _____

Acct. # _____

09/04/2003

10:47

SD MT. HOPE CEMETERY * 92292750

NC 468

001

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-3-03

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

of

Dee Cook

in a

Liner

Funeral, date, time

MON SEPT. 8th 1:00

Church, Chapel, Graveside

CA Burial

Monetary

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 108 Grave 9 Row Section 2 Division/Block 12Grave space & care fund 985.00Additional spaces and care fund 413.00Opening/Closing & Setup 209.00Burial Container 160.00Handling Fees 50.00Flower vase - Marker setting fee 16.20Recording and filing fee 1833.70Sales taxes Total Due Paid receipt number Balance due

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

I hereby authorize the interment in lot I hold under deed

Signature of record holder of deed

BuletteWork Order # E18010

REA-103 (7-96)

This information is available in alternative formats upon request.

Invoice # Acct. # * 5848 Streamview Dr* San Diego 92165* (619) 269-1706*

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.

			X			

Blind Check Initiated By: Paullette Date: 9-3-03

Interment space for: Dee Cook

Monday
Interment Date: 9-8-03 Time: 1:00

Div: 12 Sect: 2 Blk/Row: Lot: 108 Gr: 9

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No Flag on

Agrees with Map: ☒ Yes ☐ No Grave

Blind Check & Verified By: David Monaghan 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) DEE		1B. MIDDLE E	1C. LAST (FAMILY) COOK	2. DATE OF BIRTH MONTH, DAY, YEAR 08/26/1945	3. DATE OF DEATH MONTH, DAY, YEAR 09/02/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ALTA COOK-WIFE 5848 STREAMVIEW DR. #25 SAN DIEGO CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689		8A. SIGNATURE OF APPLICANT—Person taking permit: [Signature] 8B. DATE SIGNED 09/03/2003		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 09/04/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314723 V. MITCHELL
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS-P.O. BOX 85222 SAN DIEGO CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

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

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

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date

9/3/03

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

of Yukie Hayashi

in a Ash vault Funeral, date, time Sept 9/6 11:00

Church, Chapel, Grave site : Encinitas Chapel

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 2 Row Section 11 Division/Block 7

Grave space & Care Fund A 2594

Additional spaces and care fund OT 210-

Opening/Closing & Setup 116-

Burial Container 61-

Handling Fees 66-

Flower vases - Marker setting fee SEP 03 2003

Recording and filing fee MT. HOPE CEMETARY 50-

Sales taxes CITY OF SAN DIEGO, CA 4.73

Total Due 507.73

Paid receipt number USA 507.73

Balance due 0

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

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

Signature of recorded holder of deed Ran

2p Code

Telephone

Work Order # E 18011 Invoice # Acct. #

w/ Katsunori

MT HOPE CEMETERY

E 18011

GRAVE BLIND CHECK FORM

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

		Uyeji	Kaneyuki			
		Nakamura	Hayashi	Nakamura		
			Yoshimine			

Blind Check Initiated By: Ram Date: 9/3

Interment space for: Fukie Hayashi ☒

Interment Date: Sat 9/4 Time: 11:00

Div: 7 Sect: 11 Blk/Row: Lot: 29 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Murga Date: 9-4-03

f lag m
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) YUKIE		1B. MIDDLE -	1C. LAST (FAMILY) HAYASHI		2. DATE OF BIRTH MONTH, DAY, YEAR 07/28/1920	3. DATE OF DEATH MONTH, DAY, YEAR 08/22/2003	4. SEX F
5A. CITY OF DEATH ENCINITAS		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO			6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT STEVEN HAYASHI—SON 1105 EVERGREEN DR. ENCINITAS, CA 92024		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ECM-ENCINITAS CHAPEL 340 MELROSE AVE. ENCINITAS, CA 92024		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-857		8A. SIGNATURE OF APPLICANT—Person taking permit ▶		8B. DATE SIGNED 08/25/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.							
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		9A. AMOUNT OF FEE PAID \$23.00		9B. DATE PERMIT ISSUED 08/26/2003 C GRIER		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314151 ▶	
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102		11B. DATE BURIED 9-6-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ <i>Norman Ferguson</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE. SAN DIEGO, CA 92113		12B. DATE CREMATED 8/1/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-4-03

*Pre-need
lot 41 must*

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

of for Arcelia L. Padilla 134158

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

Church, Chapel, Graveside _____ Mortuary.

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

Lot 47 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____ 985.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413.00

Burial Container T.S. Vault **PAID** _____ 275.00

Handling Fee _____ 208.00

Flower vases - Marker setting fee _____ 50.00

Recording and filing fee _____ 21.31

Sales taxes _____ 1948.31

Total Due _____ 500.00

Balance due _____ 1448.31

R-56643

Paid receipt number

25060000

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

x Arcelia L. Padilla 134158
I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Arcelia L. Padilla
1638 PRIMEVA ST.
LEWON GROVE CA. 91945
(619) 337-1868

Work Order # E

Invoice # _____

Acct. # _____

134158

E-18012
(619) 337-1868

Padilla, Arcelia L.

1638 Primera St., Lemon Grove CA 91945

DEBIT CREDIT BALANCE

9/4/03 Opened pre-need Lot/Trust w/25% down R-56643. Trust
includes: O/C, B/C, H/F, R/F and Sales Tax on the
Top Seal Vault. Div 12, Sec 1, Lot 47, Gr 9

985.00 985.00

968.31 1,948.31

500.00 1,448.31

10-17 03 R 56800

coupon 1-8

482.80 965.51

11-10-03 R- 56874

Coupon 9-16

482.80 482.71

1-29 84 57140

no coupon

482.71 0

PAID

JAN 29 2004

MOUNT HOPE CEMETERY

E-18012

Padilla, Arcelia L.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept 5 03

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

in a liner Funeral, date, time Thurs 9/11 9:00
Church, Chapel Graveside : Humphreys Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 21.00 will be applied and billed to undersigned.

Lot 72 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund E 17995 2

Additional spaces and care fund

Opening/Closing & Setup 2

Burial Container 2

Handling Fees 2

Flower vases - Marker setting fee 2

Recording and filing fee 2

Sales taxes 2

Total Due 2

Paid receipt number

Balance due 2

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

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

Signature of record holder of deed

Pam

Signature X
Address attached
City attached
Telephone _____ Zip Code _____

Work Order # E 18013

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept 5 03

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

of Michael Sullivanin a CasketFuneral, date, time Thurs 9/11 9:00Church, Chapel, ChapelHumphreys Monitory.All Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 2000 will be applied and billed to undersigned.Lot 72 Grave 10 Row 2 Division/Block 12Grave space & Care Fund E17995Additional spaces and care fund 0Opening/Closing & Setup 0Burial Container 0Handling Fees 0Flower vases - Marker setting fee 0Recording and filing fee 0Sales taxes 0Total Due 0Paid receipt number 0Balance due 0

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

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

Signature of person making request

Deice A. Sullivan
4805 Twain Ave
San Diego CA 92120
(619) 583-8478

Work Order # E 18013

Invoice # 0Acct. # 0

This information is available in alternative 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.

			Hayward	Grooms	Payat	
	Williamson		X			
				ADAMS		

Blind Check Initiated By: Pam Date: 9/5

Interment space for: Michael Sullivan

Interment Date: Thurs 9/11 Time: 9:00

Div: 12 Sect: 2 Blk/Row: Lot: 72 Gr: 10

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAKLEY Date: 9-9-03

flag M
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MICHAEL		1B. MIDDLE H.		1C. LAST (FAMILY) SULLIVAN		2. DATE OF BIRTH MONTH DAY YEAR 12/27/1937		3. DATE OF DEATH MONTH DAY YEAR 09/04/2003		4. SEX M	
5A. CITY OF DEATH LA MESA				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JULIE A. SULLIVAN (SPOUSE) 4805 TWAIN AVE. SAN DIEGO, CA 92120					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 964		8A. SIGNATURE OF APPLICANT—Person taking permit M. Dominguez				8B. DATE SIGNED 09/08/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 13.00		9B. DATE PERMIT ISSUED 09/08/2003 M. DOMINGUEZ		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314881	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102				11B. DATE BURIED 9-11-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept 5/03

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

in a liner Funeral, date, time Sept 9 11:00 AM

Church, Chapel, Graveside : Preferred Mortuary.

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

Lot 10 Grave 7 Row _____ Section _____ Division/Block 12

Grave space & Care Fund _____ 085-

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413-

Burial Container _____ 209-

Handling Fee _____ 1600-

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50-

Sales taxes _____ 16.20

Total Due _____ 1833.20

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Signature _____

Signature _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E 18014

DATE / TIME RECEIVED CALL: 1005 8/2

CALL TAKEN BY: Pam Nancy

RECEIVED CALL FROM:

- ☐ MORTUARY NAME: Preferred
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Mart
TELEPHONE NUMBER: 584 7000
RELATIONSHIP TO DECEASED: _____

NAME OF DECEASED:

\$1833-20
LAST NAME: Douglas
FIRST NAME: Deanna INITIAL: _____
D.O.D. _____ D.O.B. _____
VETERAN: ☐ yes BRANCH OF SERVICE: _____
☒ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: _____ x _____ x _____

FUNERAL SERVICE:

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☒ GRAVE SIDE
LOCATION OF SERVICE: Tues 9/9 11:00
DATE OF SERVICE: 9/9 TIME OF SERVICE: 11:00
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: _____

CEMETERY PROPERTY: ☒ A/N ☐ P/N ☐ P/N Trust

DIV: 12 SECT: 7 BLK/ROW: _____ LOT: 10 GR: 7
☒ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE: ☐ COMMITTAL ☒ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: we pick up grave

Martinez to pay

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				chasey	
			X		(Luis)	

Blind Check Initiated By: Pam Date: 9/5

Interment space for: Deanna Douglas

Interment Date: Tues 9/9 Time: 11:00

Div: 12 Sect: 1 Blk/Row: Lot: 10 Gr: 7

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

flag on grave

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept 5, 03

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

In a liner Funeral, date, time Wed 9/10 11:00
Type of Burial Container
Church Chapel, Graveside Memorial Mortuary.

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

Lot 124 Grave 8 Row _____ Section 2 Division/Block D

Grave space & Care Fund E14665

Additional spaces and care fund _____

Opening/Closing & Setup 43-

Burial Container 209-

Handling Fees 160-

Flower vases - Marker setting fee _____

Recording and filing fee 50-

Sales taxes 16.20

Total Due 848.20

Paid receipt number R9655 848.20

Balance due 0

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

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

Signature of recorded holder of deed

Pan

X Signature see attached
X Address
X City Zip Code
X Telephone

Work Order # E 18015

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept. 5, 03

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

of Jeffie Davisin a linerFuneral date, time Wed 9/10 11:00Church Chapel, Graveside30 Memorial MortuaryAll Funeral cars must arrive before 9:00 a.m. of regular work day or an extra charge of \$25 will be applied and billed to undersigned.Lot 124 Grave 8 Row Section 2 Division/Block DGrave space & Care Fund E 14665Additional space and care fund Opening/Closing & Setup 413Burial Container 209Handling Fee 160Flower vases - Marker setting fee 50Recording and filing fee 16.00Sales taxes 848.00Mortuary pay

Total Due

Paid receipt number

Balance due

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

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

Signature of completed holder of deed

244 University Ave.
San Diego, CA 92104
619.692-3090

18015

Work Order # E

Invoice #

Acct. #

Form 10-17-00

This information is available in alternative formats upon request.

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.

	tucker					
	Duffy		X			
			Pilly			

Blind Check Initiated By: Pam Date: 9/5

Interment space for: Jeffie Davis

Interment Date: wed 9/10 Time: 11:00

Div: 12 Sect: 2 Blk/Row: Lot: 124 Gr: 8

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY Date: 9-10-03

flag on grave

E 18015

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 (GIVEN) JEFFIE		1B. MIDDLE JOANNA	1C. LAST (FAMILY) SAJONA-DAVIS	2. DATE OF BIRTH MONTH, DAY, YEAR 12/29/1961	3. DATE OF DEATH MONTH, DAY, YEAR 09/03/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SCOTT B. DAVIS-SPOUSE 6593 SPRINGFIELD ST. SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>Joseph B. Davis</i>				8B. DATE SIGNED 09/05/2003		

KNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 09/08/2003 J. LEMON JR.		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314853	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 1741 PARKWAY ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-10-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kina F. Lemmon</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept 503

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Williams 134171
In a DOCrypt Funeral, date, time THU 9/11 1:00
Type of Burial Container
Church, Chapel, Graveside : Ragsdale Mortuary.

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

Lot 147 Grave 9 Row Section 1 Division/Block 11

Grave space & Care Fund 985-

Additional spaces and care fund

Opening/Closing & Setup 413 x 2 850 AL

Burial Container **PAID** 418-

Handling Fees 352-

Flower vases Marker setting fee SEP 05 2003 138-

Recording and filing fee MT. HOPE CEMETARY 50 x 2 100 rd

Sales taxes CITY OF SAN DIEGO 32.40

2851.40 2851.40 2851.40
Total Due
VISA 2851.40

Paid receipt number

Balance due 0

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

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

Signature of recorded holder of deed

Lera J. Williams
Signature
1644 K. Tright St
Address
San Diego, CA 92114
City
(619) 2646863
Telephone

18016

Invoice #

Acct. #

Work Order # **E**

MT HOPE CEMETERY E-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.

		Charles				
		Morris	X			Beavers
				Pitchey		

Blind Check Initiated By: Pam Date: 9/5

Interment space for: Robert Williams

Interment Date: Tues 9/9 Time: 1:00

Div: 11 Sect: 1 Blk/Row: Lot: 147 Gr: 9

Grave Laid out by: NORMAN FERGUSON


Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY Date: 9-8-03

flag on grave

E 18016

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME WILLIAMS, Robert Lee		2. SERVICE NUMBER 778 56 63		3. SOCIAL SECURITY NUMBER 457 74 5429		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS U. S. NAVY		5a. GRADE, RATE OR RANK BM 3		5b. PAY GRADE E 4	6. DATE OF RANK 16 JAN 67	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) LONGVIEW, TEXAS		9. DATE OF BIRTH 30 JUN 46		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER NA		11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA			12. DATE INDUCTED NA	
	11a. TYPE OF TRANSFER OR DISCHARGE RELACDU AND TRF TO USNR		11b. STATION OR INSTALLATION AT WHICH EFFECTED USS PIEDMONT AD-17				
TRANSFER OR DISCHARGE DATA	12. REASON AND AUTHORITY BuPers Manual Art. C-1p3p4(1)(c) 2p3				13. EFFECTIVE DATE 14 OCT 67	14. TYPE OF CERTIFICATE ISSUED SEE REMARKS	
	15. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS PIEDMONT AD-17				16. CHARACTER OF SERVICE HONORABLE		17. TYPE OF CERTIFICATE ISSUED SEE REMARKS
	18. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NAVAL RESERVE MANPOWER CENTER, BAINBRIDGE, MARYLAND				19. REENLISTMENT CODE RE - 1		
	20. TERMINAL DATE OF RESERVE/UMTS OBLIGATION 20 MAY 70		21. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER ORDERED TO ACTIVE DUTY		22. TERM OF SERVICE (Years) SIX	23. DATE OF ENTRY 15 OCT 65	
	24. PRIOR REGULAR ENLISTMENTS NONE		25. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC SN E 3		26. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) ABILENE, TEXAS		
SERVICE DATA	27. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) ABILENE, TEXAS		28. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES b. TOTAL ACTIVE SERVICE c. FOREIGN AND/OR SEA SERVICE		29. YEARS 02	30. MONTHS 00	31. DAYS 00
	32. SPECIALTY NUMBER & TITLE BM (0100-0400)		33. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 911 Water Trans. Occups.		34. TOTAL ACTIVE SERVICE 02 04 25		
	35. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal		36. FOREIGN AND/OR SEA SERVICE 01 09 18				
	37. EDUCATION AND TRAINING COMPLETED MR FOR PO 3&2 NTC FOR BM 3&2 BMR NP91242-1A		38. FOREIGN AND/OR SEA SERVICE 01 09 18				
	39. NON-PAY PERIODS, TIME LOST (Preceding Two Years) NONE		40. DAYS ACCRUED LEAVE PAID		41. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		42. AMOUNT OF ALLOTMENT 1
VA AND EMP. SERVICE DATA	43. VA CLAIM NUMBER C.		44. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		45. MONTH ALLOTMENT DISCONTINUED		
	46. REMARKS Item 13b Cont'd Discharge Certificate Not Issued at Time of Separation FID 32 DAS LGL						
AUTHENTICATION	47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 897 N. Treadway, Abilene, Texas 79601				48. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED		
	49. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER J.B. STOCKMAN, SHIPCLK, USN, FERROFF BY DIRECTION OF THE COMMANDING OFFICER				50. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Robert		1B. MIDDLE Lee		1C. LAST (FAMILY) Williams		2. DATE OF BIRTH MONTH DAY YEAR 09/09/1946		3. DATE OF DEATH MONTH DAY YEAR 09/04/2003		4. SEX M	
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lera J. Williams, Wife 644 Kirtright Street San Diego, CA 92114							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 09/09/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100725 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 13.00		9B. DATE PERMIT ISSUED 09/09/2003 B. Campbell		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314933			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-11-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-5-03

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

of Jos Virginia Huehn

In a W. Vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 3867 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C-5729 0

Additional spaces and care fund PAID

Opening/Closing & Setup 413.00

Burial Container SEP 05 2003 275.00

Handling Fees 204.00

Flower vases - Marker setting fee MT HOPE CEMETERY
CITY OF SAN DIEGO

Recording and filing fee 50.00

Sales taxes 21.31

Total Due 963.31

Paid receipt number R-56648 963.31

Balance due 0

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

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

BRENDA ALDRIDGE

Signature of recorded holder of deed

Brenda Aldridge
Signature
7744 Bullard Rd
Address
San Diego CA 92114
City
619 470-9314 Zip Code
Telephone

18017

Work Order # E

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E 18017

DATE / TIME RECEIVED CALL: 8/25 3:00

CALL TAKEN BY: Daulette

RECEIVED CALL FROM:

☐ MORTUARY NAME: _____
☒ FAMILY MEMBER REPRESENTATIVE
CONTACT PERSON: Brenda Aldredge
TELEPHONE NUMBER: 753-4170 HP 420-9314
RELATIONSHIP TO DECEASED: friend

NAME OF DECEASED: Not yet, in Home Care

LAST NAME: Huehn
FIRST NAME: Virginia INITIAL: _____

D.O.D. _____ D.O.B. _____

VETERAN: ☐ yes BRANCH OF SERVICE: _____

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

CASKET MEASUREMENTS: _____ x _____ x _____

FUNERAL SERVICE:

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: _____

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

DIV: 10 SECT: _____ BLK/ROW: _____ LOT: 3867 GR: _____

☐ SINGLE GRAVE ☐ CREMATION

☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE

☐ WITNESS ONLY ☐ DELIVERY ONLY

☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: Brenda will be in

office on 9/4 or 9/5

not sooner. C-572

see E-18017
if there is a
marker for
Virginia or
is she on w/
Arthur

Quoted T.S. Vault + package (trust
only)
Price of \$963.31

lot is paid in full. C-5729

E-18017
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 DR.
SAN DIEGO CA 92114

APN:



1999-0729775

DURABLE POWER OF ATTORNEY
NOMINATION OF CONSERVATOR

1. DESIGNATION OF AGENT.

I, VIRGINIA HUEHN, do hereby appoint BRENDA ALDRIDGE, 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.

2. 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.

3. 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:

- (1) 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.

5. DURATION.

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

6. 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 5th day of June, 1997, at San Diego, California.

Virginia Huehn
VIRGINIA HUEHN

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO)
)

On 06-05-97 before me, Burton L. Tangherlini, Sr., Notary Public personally appeared Virginia Huehn 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 Burton L. Tangherlini, Sr.



Huehn DPOA

VM

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9/8/03

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

In a Liner D.I.P. Funeral, date, time Weds Sept. 10 1:00

Church, Chapel, Graveside Featheringill Mortuary.

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

will be applied and billed to undersigned.

Lot 3516 Grave 1 Row C-7012 Section 10 Division/Block 10

Grave space & Care Fund 0

Additional spaces and care fund 0

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fee 160.00

Flower vases - Marker setting fee 0

Recording and filing fee 50.00

Sales taxes 16.20

Total Due 848.20

Paid receipt number R-56654 848.20

Balance due 0

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

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

Signature of recorded holder of deed

Signature Robert Hume

Address 2601 DAS CORNER

City FALL BROOK Zip Code 92028

Telephone 760 451 2878

Work Order # E

Invoice # 18018

Acct. # 18018

MT HOPE CEMETERY E 18 018

GRAVE BLIND CHECK FORM

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

D.I.P.

	Rodriguez		Stone			
			X		Bsladok	Bennett

Blind Check Initiated By: Paulette C. Date: 9-8-03

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: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAKBY1 Date: 9-9-03

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary		1B. MIDDLE Lillian	1C. LAST (FAMILY) Hume	2. DATE OF BIRTH MONTH DAY YEAR 11/07/1916	3. DATE OF DEATH MONTH DAY YEAR 09/05/2003	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Robert Hume, Son 2601 Dos Lomas, Fallbrook, CA 92028		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6332 El Cajon Blvd., San Diego, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 09/08/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/08/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314807 <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-3222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 9-10-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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

AT NEED

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

In a D.D. Crypt (A) Funeral, date, time 2 Weds. Sept. 10 1:00
Type of Burial Container
 Church, Chapel, Grayside Clairemont Mortuary.

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

Lot 68 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund D-8459 0

Additional spaces and care fund _____ 0

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____ 0

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____ 0

Paid receipt number _____

Balance due 0

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

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

Signature of recorded holder of deed

225390
X Evelyn Burns
 Signature
X 4307 Clairemont Dr.
 Address
San Diego Cal 95117
 City Zip Code
858-273-0634
 Telephone

Rulette

Work Order # E 18019

Invoice # _____

Acct. # _____

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.

		Donohu	X	McNair	Lathan	
			Lathan			

Blind Check Initiated By: Pauline C. Date: 9-8-03

Interment space for: Charles Burns

Interment Date: 9-10-03 Time: 1:00 G.S.

Div: 12 Sect: 3 Blk/Row: Lot: 68 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: Henry Date: 9-10-03

Flag original

E-18018

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) CHARLES	1B. MIDDLE WILLIAM	1C. LAST (FAMILY) BURNS	2. DATE OF BIRTH MONTH, DAY, YEAR 01/05/1927	3. DATE OF DEATH MONTH, DAY, YEAR 09/05/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EVELYN H. BURNS - WIFE 4307 CLAIREMONT DRIVE SAN DIEGO, CA 92117		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY - 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1126		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Azzaro</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10372 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/09/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/09/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314985
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-10-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/27/03

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

In a Funeral, date, time Fri 9/5 1:00
Type of Burial Container Church, Chapel, Graveside Herford Mortuary.

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

Lot 15 Grave 9 Row 9 Section Chin Division/Block

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup in casket

Burial Container Stanley Lee

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 50-

Sales taxes

Total Due would pay

Paid receipt number

Balance due

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

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

Signature of record holder of deed

Pan 18020

Work Order # E

Signature

Address

City San Diego Zip Code

Telephone E18001

Invoice #

Acct. #

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-8-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna K. Trailer

In a T.S. Vault Funeral, date, time Thurs Sept. 11 11:00
Type of Burial Container Church Chapel, Graveside Neptune Society Mortuary
619-361-6900

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

Lot 1292 Grave 1 Row D-1762 Section 10 Division/Block 10

Grave space & Care Fund 413.00

Additional spaces and care fund 275.00

Opening/Closing & Setup 204.00

Burial Container 50.00

Handling Fees 21.71

Flower vases - Marker setting fee 963.31

Recording and filing fee 963.31

Sales taxes 0

Total Due 0

Paid receipt number Mastercard

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E

Invoice #

Acct. #

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.

			Dyson			
Jackson	Jackson	Trailer	x	TRIPlett	Moore	

Blind Check Initiated By: Paulette Date: 9-8

Interment space for: Anna K. Trailer

Interment Date: 9/11/03 Time: 11:00 church

Div: 10 Sect: Blk/Row: Lot: 1292 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY Date: 9-9-03

Paulette

C 18021

98

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ANNA		1B. MIDDLE KATHERINE		1C. LAST (FAMILY) TRAILER		2. DATE OF BIRTH MONTH DAY YEAR 10/30/1904		3. DATE OF DEATH MONTH DAY YEAR 09/06/2003		4. SEX F	
5A. CITY OF DEATH EL CAJON				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JAMES E. TRAILER/SON, 7914 SHIR MAR PLACE EL CAJON, CA 92021					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021						7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD-1352		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Alonzo P. [Signature]</i>			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8B. DATE SIGNED 09/09/2003					
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED ALAN PRIOR 09/09/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314984	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
								<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102				11B. DATE BURIED 9-11-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Ramona		1B. MIDDLE Louise	1C. LAST (FAMILY) Lee	2. DATE OF BIRTH MONTH, DAY, YEAR 06/21/1934	3. DATE OF DEATH MONTH, DAY, YEAR 09/21/1998	4. SEX F
5A. CITY OF DEATH Morongo Valley		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Riverside		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Wilbur Lee-Brother-in-Law 535 Dodson Street San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Harford Funeral Home; 120 N Buena Vista St; Hemet, CA 92543				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 282		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.				8B. DATE SIGNED 10/27/03		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 08/29/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT FAX Authorization # 031319
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Riverside County Health Department PO Box 7600; Riverside, CA 92513-7600		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego County Health Department PO-Box 85222; San Diego, CA 92186-5222	

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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept 8, 03

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

in a 00 1st Funeral, date, time _____
Type of Burial Container
Church, Chapel, Grave side _____; Parade Mortuary.

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

Lot 43 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund Disinterment 1100.00

Opening/Closing & Setup _____

Burial Container **PAID** _____

Handling Fees SEP 08 2003 _____

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY _____
CITY OF SAN DIEGO, CA

Sales taxes _____

Total Due 1100.00

Paid receipt number 2 50652 1100.00

Balance due 0

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

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

Signature of recorded holder of deed

Ran

Signature

Gloria Daviston

Address

408-50 Sanibel

City

CDula Vista

Telephone

619-392-1622 Zip Code

Work Order # **E**

18022

Invoice # _____

Acct. # _____

Anderson - Ragsdale Mortuary

CA License No. FE-1329
5050 Federal Boulevard
San Diego, California 92102
(619) 263-3141 Fax: (619) 263-1507

E- 18022

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, Henny Andrews. At that time they will both be flown to Cedar Grove Cemetery in Lufkin, TX for interment.

Please make receipt to: Henny Andrews
193 Third Avenue #700
Chula Vista, CA 91910
(619) 585-8342

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56653

E-18022

Date: Sept 8, 2003From: Hennye Andrews Address: 193 Third Ave #700 CV 91910
One Thousand One Hundred Dollars (\$) 1100.00

 in full Payment of disinterment of Maurice Andrews

 Lot 43 Grave 8 Row 6 Section 2 Division 12
Invoice No. E 15295

Acct. No. _____

W.O. _____

BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.ISSUED BY Dan Hetzel

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

1100 00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/9/03

Pre-need trust
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Mr. Frances J. Browning ¹³⁴¹⁰³

in a Lines Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 249 Grave 1 Row _____ Section 14 Division/Block 7

Grave space & Care Fund d-2131 0

Additional spaces and care fund _____

Opening/Closing & Setup 41300

Burial Container **PAID** 209.00

Handling Fees 160.00

Flower vases - Marker setting fee MAR - 1 2004 _____

Recording and filing fee 50.00

Sales taxes 16.20

MOUNT HOPE CEMETERY

Total Due 848.20

Paid receipt number R-56656 648.20

Balance due 200.00

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

I hereby authorize the interment in lot I
hold under deed.

Signature of record holder of deed

Paullette

Work Order # **E** 18023

Invoice # _____

Acct. # _____

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: 4 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		

Property						
	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
CASH PRICE			832.00		NUMBER OF INSTALLMENTS	12
SALES TAX			16.20		REGULAR PAYMENT OF	16.67
TOTAL CASH PRICE			848.20		ODD PAYMENT OF	16.63
TOTAL DOWNPAYMENT			648.20 -		DATE FIRST PAYMENT DUE	10/09/2003
TRANSFER ALLOWANCE			0.00 -		PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE			0.00 -			

SOURCE: Walk-in

FINANCE CHARGE	0.00 @	0.000% AMORTIZE
TOTAL OF PAYMENTS	200.00	
DEFERRED PAYMENT PRICE	848.20	
ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
I V P/N Trust	832.00	1.0000
R S Equity	-72.00	
A Interest	0.00	
R S Tax Recovery	16.20	
R S Cost of Goods	72.00	
V Late Charge	0.00	

CONTRACT ENTERED BY:

Paulette C.

E-18023

Mt Hope Cemetery
Agreement Confirmation

09/09/2003

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 of Contract Items	Price	Tax	Allowance
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	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
----------	---------	-----------	-----	-------	-----------

BASE PRICE	832.00
SALES TAX	16.20
TOTAL CASH PRICE	848.20

TOTAL DOWNPAYMENT	648.20 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	200.00

DEFERRED PAYMENT PRICE	848.20
------------------------	--------

NUMBER OF INSTALLMENTS	12
------------------------	----

REGULAR PAYMENT OF	16.67
--------------------	-------

ODD PAYMENT OF	16.63
----------------	-------

DATE FIRST PAYMENT DUE	10/09/2003
------------------------	------------

PAYMENT PLAN	MONTHLY	MONTHLY PAYMENT = \$ 16.67
--------------	---------	----------------------------

If you notice any discrepancies between this verification notice and your agreement,
please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56750

MOUNT HOPE CEMETERY

(619) 527-3400

 Date: October 3, 20 03
 From: Adelle Stevens Address: 3568 Ocean View Blvd SD CA 92113
Fifty and 01/100 Dollars (\$ 50.01)

 in part Payment of Pre-need trust for Frances Browning
 Lot 249 Grave 1 Row _____ Section 14 Division 7
 Block _____
Invoice No. E-18023

Acct. No. _____

W.O. _____

BALANCE DUE \$ 149.99NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID****OCT 06 2003****MOUNT HOPE CEMETERY**ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>50.01</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	69033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.01</u>

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒MO # 57-10180022

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

57079

Date: January 12, 2004
 From: Adelle Stevens Address: 3568 Ocean View Blvd SD CA 92113
Fifty and 00 Dollars (\$ 50.01)

 in part Payment of pre-need trust account
 Lot 249 Grave 1 Row _____ Section 14 Division 7 Block 7
Invoice No. E - 18023

Acct. No. _____

W.O. _____

BALANCE DUE \$ 99.98Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒
 M.O. 57-12694281
 AG-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JAN 12 2004

MOUNT HOPE CEMETERY

ISSUED BY

Paullette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

50.01

TOTAL PAID

\$

50.01

Stevens, Adelle for Frances Browning 3568 Ocean View Blvd, S.D. CA 92113 619-234-6914

	DEBIT	CREDIT	BALANCE
9/9/03 Opened Pre-need trust. Trust includes O/C, B/C, H/F, R/F Fee, Sales Tax on the Liner. R-56656. DIVISION 7, SECTION 14, LOT 249, GRAVE 1		848.20	848.20
10/03 Coupons 1, 2, & 3 R-56750		648.20	200.00
		50.01	149.99
01/12/04 45.6 R-57071		50.01	99.98
03/01/04 R-57259		99.98	0

PAID

MAR 01 2004

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/9/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of L.C. Frazer

In a L.S. Vault Funeral, date, time Monday Sept. 15th 10:00
Type of Burial Container
Church Chapel, Grave site Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 42 Grave 9 Row _____ Section 1 Division/Block 11

Grave space & Care Fund E-69184 E-10661 0

Additional spaces and care fund _____

Opening/Closing & Setup E-10661 0

Burial Container " _____

Handling Fees " _____

Flower vases - Marker setting fee _____

Recording and filing fee " _____

Sales taxes " _____

Total Due 0

Paid receipt number 0

Balance due 0

I hereby certify I am the L of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Paulette

Work Order # E

REA-104 (7-96)

X See Attached
Signature

X _____
Address

X _____
City

Zip Code

Telephone

Invoice # _____

Acct. # _____

18024

This information is available in alternative formats upon request.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date

9/9/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of

L.C. Frazier

In a

L.C. Vault

Funeral, date, time

Monday Sept. 15th 10:40

Church, Chapel, Grave, etc.

Ragsdale

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 42 Grave 9 Row Section 1 Division/Block 11

Grave space & Care Fund

E-69184 E-10661

Additional spaces and care fund

Opening/Closing & Setup

E-10661

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

I hereby certify I am the Daughter of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of interment holder or agent

X George E. James

5735 Yearling Court

Bonita, CA 91902

(619) 475-5516

Telephone

Invoice #

Acct. #

Work Order #

E

18024

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-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.

		Leard	Barnes			
Wyse	Taylor		x	Frazer	Fertnas	
		Gadner	James	Parrish		

Blind Check Initiated By: Reuellette Date: 9-10

Interment space for: L.C. Mazzer

Interment Date: 9-15-03 Time: 10:00 church

Div: 11 Sect: 1 Blk/Row: — Lot: 42 Gr: 9

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Ray Smith Date: 9-11-03

Flag on
grave

E-18024

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Lucious		1B. MIDDLE Clement	1C. LAST (FAMILY) Frazier	2. DATE OF BIRTH MONTH, DAY, YEAR 09/06/1915	3. DATE OF DEATH MONTH, DAY, YEAR 09/08/2003	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Joyce E. James, Daughter 5735 Yearling Court Bonita, CA 91902		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE ED43329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10379 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/10/2003				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 09/10/2003 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315061								
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222											
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS												
<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)</td> <td><input type="checkbox"/> E. TEMPORARY ENVAULTMENT</td> </tr> <tr> <td><input type="checkbox"/> B. CREMATION</td> <td><input type="checkbox"/> F. DISINTERMENT</td> </tr> <tr> <td><input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY</td> <td><input type="checkbox"/> G. SHIP IN TO CALIFORNIA</td> </tr> <tr> <td><input type="checkbox"/> D. SCIENTIFIC USE</td> <td><input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA</td> </tr> </table>					<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT											
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT											
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA											
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)												

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-15-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

Sept. 9, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bahiy Elias

in a TS Vault Funeral, date, time Thurs 9/11 11:30

Church Chapel, Graveside Goodbody Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 2292 1800 Grave 1 Row 1 Section E 16627 Division/Block 10

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

MT. HOPE CEMETERY
CITY OF SAN DIEGO

Paid receipt number Visa

Balance due

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Jan 18025

Work Order # E

Invoice # 10321
Address 10321 Hickory Post
City Santee
State CA
Zip Code 92149
Telephone 619 449-7757
977 3701 cell

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19025

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Iron			
		Holkub	x			
			Griffith			

Blind Check Initiated By: Pam Date: 9/9

Interment space for: Bahij Elias

Interment Date: Thurs 9/11 Time: 11:30

Div: 10 Sect: Blk/Row: Lot: 2292 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY Date: 9-9-03

~~858 452 337~~

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) RAHILJ		1B. MIDDLE ISSA		1C. LAST (FAMILY) ELIAS		2. DATE OF BIRTH MONTH, DAY, YEAR 04/06/1922		3. DATE OF DEATH MONTH, DAY, YEAR 09/08/2003		4. SEX M			
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO				6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LAMIA ELIAS - WIFE 5611 HATING ROAD SAN DIEGO, CA 92120					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBODY MORTUARY - 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 790				8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Azzaro</i>				8B. DATE SIGNED 09/10/2003	
I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 09/11/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZZARO 2315094			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 45%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) </div> </div>													

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-11-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date Sept. 10, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sarah Stalmer PA 2004 0309

In a liner Funeral, date, time Sept 9/10 11:00 AM

Church, Chapel, Graveside del only: feathering Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 33 Grave 1 Row _____ Section R Division/Block Mal

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 711.00
Paid receipt number 4813919 711.00

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Pan

18026

Signature

X

Address

X

City

X

Telephone

X

Zip Code

X

Invoice #

385480

Acct. #

000952

09/16/2003 03:04 6195837038
09/15/2003 MON 12:59 FAX 658 405 5127
09/15/2003 22:41 6195837038
09/18/2003 09:56 SD MT. HOPE CEMETERY + FEATHERINGILL

FEATHERINGILL MORT.
S D PAPG
FEATHERINGILL MORT.

PAGE 01
NO. 503 001

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date Sept. 10, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah Stalmer #20040309
in a liner Funeral, date, time Mon 9/15 9:00
Church, Chapel, Grounds delmonly featheringill mort.
All funeral costs must arrive before 3:00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 33 Grave L Row _____ Section R Direction North
Grave space & Care Fund _____
Additional spaces and care fund _____
Opening/Closing & Seal 439 -
Burial Container 209 -
Moving Fee inc 1.00
Flower vase - Marker setting fee 17 -
Rebuilding and Raising fee 14.00
Grave water 211.00
Total Due 211.00

Field receipt number _____

Balance due _____

I hereby certify I am the Public Administrator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot / field under date _____

Signature of Public Administrator

[Signature]
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
3707A KUPPEN ROAD
SAN DIEGO, CALIFORNIA 92123-1699

18026

Interment Order # E

Invoice # _____

Ref. # _____

San-101 (7-02)

This information is available in alternative formats upon request.

MT HOPE CEMETERY

E-18026

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		McDaniel	Stare			
	Halmer		X			

Blind Check Initiated By: Ram Date: 9/10Interment space for: Sarah HalmerInterment Date: Fri 9/12 Time: 11:00Div: Mes Sect: R Blk/Row: Lot: 33 Gr: 1Grave Laid out by: NORMAN FERGUSONAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: DARREY Date: 9-10-03flag m
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Sarah		1B. MIDDLE E.	1C. LAST (FAMILY) Stalmer	2. DATE OF BIRTH MONTH, DAY, YEAR 06/21/1941	3. DATE OF DEATH MONTH, DAY, YEAR 08/21/2003	4. SEX F
5A. CITY OF DEATH National City			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Marco DeLaToba, Public Administrator 5201-A Ruffin Rd., San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 09/03/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/04/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2314622 <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 9-12-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-10-03

AT NEED

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARY L. LOPEZ
In a D.D. CRYPT (A) Funeral, date, time THURS. SEPT. 11, 11:00
Church, Chapel, Graveside BERGE ROBERTS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 45 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund D-3981 0

Additional spaces and care fund _____ 0

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____ 0

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____ 0

Paid receipt number _____

Balance due _____ 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E

18027

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.

			Fields	DeLanc		
	Boykins	Hawthorn	x	Raberson		

Blind Check Initiated By: Paulette Date: 9/10

Interment space for: Mary L. Lopez

Interment Date: 9/11/03 Time: 11:00 church

Div: 11 Sect: 1 Blk/Row: 1 Lot: 45 Gr: 6

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 9/10/03

Flag on grave

E-18027 90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY		1B. MIDDLE LOPEZ	1C. LAST (FAMILY) LOPEZ	2. DATE OF BIRTH MONTH DAY YEAR 12/09/1912	3. DATE OF DEATH MONTH DAY YEAR 09/08/2003	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN LOPEZ - SON 1194 OAKHURST DRIVE SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 09/09/2003		
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 PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 09/10/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315002 J. FLORES
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS... P. O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102		11B. DATE BURIED 9-11-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-11-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Transfer from Henry Thomas Allen to Fred Allen

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 4816, 4817, 4818 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund C-6846 0

Additional spaces and care fund _____ —

Opening/Closing & Setup _____ —

Burial Container _____ —

Handling Fees _____ —

Flower vases — Marker setting fee _____ —

Recording and filing fee _____ —

Sales taxes _____ —

Total Due 0

Paid receipt number 0

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature See attachments

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E

18028



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

2/15/1969

DEED

E-18028

4170

OWNERSHIP AND INTERMENT PRIVILEGES

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 C-6848

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Monument Only

R. H. Dehne
Cemetery Manager

Eric Quast

Public Works Director

FORM PW-584

Thanks for your
help Paulette.
Please call at
(916) 922-3142
if any more info
is needed.
Rex, Fred



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

7/27/1969

4460

DEED

E-18028

OWNERSHIP AND INTERMENT PRIVILEGES

TO Thomas F. or Irene B. Allen for the sum of \$ 265.00 (DOLLARS)

LEGAL DESCRIPTION Lot 4818 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-7491

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

REGULATION MONUMENT ONLY

B. W. Rehne / s.o.
Cemetery Manager

Eric Quast
Public Works Director



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

5/3/1969

4314

DEED

E-18028

OWNERSHIP AND INTERMENT PRIVILEGES

TO Thomas F. and Irene B. Allen for the sum of \$ 265.00 (DOLLARS)

LEGAL DESCRIPTION Lot 4816 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-7166

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Monument Only

R. H. Dehne

Cemetery Manager

Eric Quast

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.

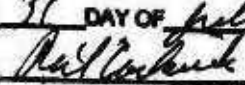
I, Thomas Frederick Allen, Jr., and my sister, Annette Irene Allen, are the only children (natural or adopted) of my parents. Neither parent left a will, trust, nor similar document. We do not have a use for the plots, and have agreed to share the proceeds from the sale of them.

Therefore, I request that the aforementioned plots be transferred into my name.

Sincerely,



Thomas Frederick Allen, Jr.
(DOB: 5/27/44)

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 31 DAY OF July 03

NOTARY PUBLIC



E 18028

July 16, 2003

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 I. Allen

Annette Irene Allen
(DOB: 12/14/46)

STATE OF OREGON
County of Clatsop
SUBSCRIBED AND SWORN TO BEFORE ME
THIS 30 DAY OF JULY 2003
Lori L. Compton
NOTARY PUBLIC FOR OREGON
My Commission Expires MAY 22, 2006



STATE OF ARIZONA

18028

DEATHING

NAME OF DECEASED IRENE B. ALLEN		A. FIRST B.		C. LAST ALLEN		SEX 2. FEMALE		DATE OF DEATH 7. JULY 29, 2000		MONTH 7.		DAY 29.		YEAR 2000	
RACE (e.g., White, Black, American Indian, Specify tribal group) WHITE		WAS DECEASED OF HISPANIC ORIGIN? (SPECIFY YES OR NO) NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. NO				WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) NO							
PLACE OF DEATH YAVAPAI		A. COUNTY YAVAPAI		B. TOWN OR CITY PRESCOTT		C. HOSPITAL OR INSTITUTION YAVAPAI REGIONAL MEDICAL CENTER		D. RESIDENT ONE STREET ADDRESS THOMAS F. ALLEN		E. DOA <input type="checkbox"/> OR <input checked="" type="checkbox"/> CREMATED <input type="checkbox"/> IN FURNACE					
DATE OF BIRTH 1847-1923		AGE IN YEARS LAST BIRTHDAY 76		ELDERLY YEAR MOB. DATE 76		ELDERLY DAY MOB. DATE 76		MARRIED, NEVER MARRIED, DIVORCED (SPECIFY) MARRIED		SPOUSE THOMAS F. ALLEN					
STATE AND COUNTY OF BIRTH MINNESOTA, MINNEAPOLIS		CITY OF BIRTH USA		B. TOWN OR CITY PRESCOTT		SOCIAL SECURITY NO. 548-30-4780		USUAL OCCUPATION (One kind of work, if several, list separately, specify) HOUSEWIFE		KIND OF BUSINESS OR INDUSTRY OWN HOME					
USUAL RESIDENCE ARIZONA		B. COUNTY YAVAPAI		C. TOWN OR CITY PRESCOTT		ZIP CODE 86302		HOW LONG IN ARIZONA 22 YES		EDUCATION HIGHEST GRADE COMPLETED 12 TH					
STREET ADDRESS OR R.F.D. 35 S. GRANITE ST.		PHONE CITY/MTS? (SPECIFY Yes or No) YES		ON RESERVATION (SPECIFY Yes or No) NO		PREVIOUS RESIDENCE (SPECIFY Yes or No) NO		TERTIARY-SECONDARY (10-12) 12 TH		COLLEGE (1-4 or 5+) NO					
MOTHER'S NAME BAKE, BAKER		B. MIDDLE B.		C. LAST BAKE, BAKER		MOTHER'S MIDDLE VERNONA		A. FIRST VERNONA		B. MIDDLE BRACKLOW					
DECEASED'S SIGNATURE THOMAS F. ALLEN		DECEASED'S NAME THOMAS F. ALLEN		DECEASED'S ADDRESS 35 S. GRANITE ST. #9 PRESCOTT, ARIZONA 86302		DECEASED'S CITY PRESCOTT		DECEASED'S STATE ARIZONA		DECEASED'S ZIP CODE 86302					
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		DATE 8-2-00		CITY AND STATE PRESCOTT, ARIZONA		CITY AND STATE PRESCOTT, ARIZONA		CITY AND STATE PRESCOTT, ARIZONA		CITY AND STATE PRESCOTT, ARIZONA					
FUNERAL HOME MEMORY CHAPEL MONTGOMERY		STREET ADDRESS 11 GROW AVE.		CITY AND STATE PRESCOTT, ARIZONA		CITY AND STATE PRESCOTT, ARIZONA		CITY AND STATE PRESCOTT, ARIZONA		CITY AND STATE PRESCOTT, ARIZONA					
30. SIGNATURE AND TITLE THOMAS F. ALLEN		DATE SIGNED (Month, Day, Year) 7/29/2000		HOUR OF DEATH 1800		HOUR OF DEATH 1800		HOUR OF DEATH 1800		HOUR OF DEATH 1800					
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFYING PHYSICIAN) DR. J. L. RICHARDS		DATE SIGNED 7/29/2000		HOUR OF DEATH 1800		HOUR OF DEATH 1800		HOUR OF DEATH 1800		HOUR OF DEATH 1800					
NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAYMAN DR. J. L. RICHARDS, MD, 950 Division St., Prescott, AZ 86302		DATE SIGNED 7/29/2000		HOUR OF DEATH 1800		HOUR OF DEATH 1800		HOUR OF DEATH 1800		HOUR OF DEATH 1800					
DATE RECEIVED 8/1/00		REG. FILE NO. 1062		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS					
A. IMMEDIATE CAUSE (IMMEDIATE CAUSE OR UNDERLYING CAUSE RESULTING IN DEATH) (ENTER ON ONE CAUSE OR ON MULTIPLE) DROWNING		B. CAUSE TOOK EFFECT AS A CONSEQUENCE OF DROWNING		C. DUE TO OR AS A CONSEQUENCE OF DROWNING		D. DUE TO OR AS A CONSEQUENCE OF DROWNING		E. DUE TO OR AS A CONSEQUENCE OF DROWNING		F. DUE TO OR AS A CONSEQUENCE OF DROWNING					
PART B. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I NO		AUTOPSY (Specify Yes or No) NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES					
DATE RECEIVED 8/1/00		REG. FILE NO. 1062		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS					
A. IMMEDIATE CAUSE (IMMEDIATE CAUSE OR UNDERLYING CAUSE RESULTING IN DEATH) (ENTER ON ONE CAUSE OR ON MULTIPLE) DROWNING		B. CAUSE TOOK EFFECT AS A CONSEQUENCE OF DROWNING		C. DUE TO OR AS A CONSEQUENCE OF DROWNING		D. DUE TO OR AS A CONSEQUENCE OF DROWNING		E. DUE TO OR AS A CONSEQUENCE OF DROWNING		F. DUE TO OR AS A CONSEQUENCE OF DROWNING					
PART B. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I NO		AUTOPSY (Specify Yes or No) NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES					
DATE RECEIVED 8/1/00		REG. FILE NO. 1062		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS		REGISTRAR'S SIGNATURE DR. J. L. RICHARDS					
A. IMMEDIATE CAUSE (IMMEDIATE CAUSE OR UNDERLYING CAUSE RESULTING IN DEATH) (ENTER ON ONE CAUSE OR ON MULTIPLE) DROWNING		B. CAUSE TOOK EFFECT AS A CONSEQUENCE OF DROWNING		C. DUE TO OR AS A CONSEQUENCE OF DROWNING		D. DUE TO OR AS A CONSEQUENCE OF DROWNING		E. DUE TO OR AS A CONSEQUENCE OF DROWNING		F. DUE TO OR AS A CONSEQUENCE OF DROWNING					
PART B. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I NO		AUTOPSY (Specify Yes or No) NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES		WAS CASE REFERRED TO							

COUNTY OF YALOWA

COUNTY OF YALOWA

DATE ISSUED

AUG 03 2000

This is a true and correct reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA, and under the authority of A.R.S. 36-641, and by direction of:

MARCIA MORAN JACOBSON
YAVAPAI COUNTY REGISTRAR
YAVAPAI COUNTY HEALTH DEPARTMENT

This copy not valid unless prepared on engraved border displaying county seal in color and word "Seal" in red.

ANY ALTERATION OR FRAUD Voids THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO.

E-18028

NAME OF DECEASED THOMAS FREDERICK ALLEN		SEX MALE	DATE OF DEATH FEBRUARY 18, 2003	
RACE (e.g., white, black, American Indian (specify tribe), etc.) WHITE		WAS DECEASED OF HISPANIC ORIGIN? (SPECIFY YES OR NO) NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.
PLACE OF DEATH YAVAPAI	CITY OR TOWN PRESCOTT	HOSPITAL OR INSTITUTION V.A. MEDICAL CENTER		IF RESIDENCE, GIVE STREET ADDRESS
DATE OF BIRTH MAY 10, 1921	AGE (YEARS) 81	IF UNDER 1 YEAR MO. DAY	IF UNDER 1 DAY HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED
STATE AND CITY OF BIRTH COLORADO, DENVER		CITIZEN OF WHAT COUNTRY? USA	SOCIAL SECURITY NO. 550-20-9234	USUAL OCCUPATION (Give kind of work done most of week) FORMAN
USUAL RESIDENCE ARIZONA	COUNTY YAVAPAI	CITY OR TOWN PRESCOTT	ZIP CODE 86305	HOW LONG IN ARIZONA? 23 YRS
STREET ADDRESS OR R.F.D. 824 W. GURLEY ST. 136		INSIDE CITY LIMITS? (SPECIFY YES OR NO) YES	ON RESERVATION (SPECIFY YES OR NO) NO	PREVIOUS STATE OF RESIDENCE CALIFORNIA
FATHER'S NAME HAROLD		MOTHER'S MAIDEN NAME EMILY	EDUCATION HIGHEST GRADE COMPLETED 12 TH	
INFORMANT'S SIGNATURE SUSAN SLATTERY		RELATIONSHIP TO DECEASED DAUGHTER	ADDRESS 824 W. GURLEY ST. #136 PRESCOTT, ARIZONA 86305	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL	DATE 2-21-2003	CEMETERY OR CREMATORY - NAME AND LOCATION MT. VIEW CEMETERY PRESCOTT, AZ.	EMBALMER'S SIGNATURE STANLEY S. STOBIEFSKI	CERT. NO. 664
FUNERAL HOME HERITAGE MEMROY MORTUARY	NAME 131 GROVE AVE. PRESCOTT, ARIZONA	STREET ADDRESS 131 GROVE AVE. PRESCOTT, ARIZONA	FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (SIGNATURE) STANLEY S. STOBIEFSKI	CERT. NO. 459
TO BE COMPLETED BY PHYSICIAN ONLY		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIAL LAW ENFORCEMENT AUTHORITY ONLY		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30 SIGNATURE AND TITLE <i>George Cristea, M.D.</i> 31 DATE SIGNED (Mo., Day, Year) FEBRUARY 18, 2003 32 HOUR OF DEATH 0946 33 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34 SIGNATURE AND TITLE <i>Stanley S. Stobierski</i> 35 DATE SIGNED (Mo., Day, Year) FEBRUARY 18, 2003 36 HOUR OF DEATH 0946 37 PRONOUNCED DEAD (Mo., Day, Year) FEBRUARY 18, 2003 38 PRONOUNCED DEAD (Hour) 0946		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIAL LAW ENFORCEMENT AUTHORITY GEORGE CRISTEA, M.D., VAMC PRESCOTT, ARIZONA		AUTHORIZED FOR CREMATION (SPECIFY YES OR NO) NO		MEDICAL EXAMINER'S SIGNATURE <i>Stanley S. Stobierski</i>
DATE REGISTERED 2/21/03	REG. FILE NO. 2408	REGISTRAR'S SIGNATURE <i>Ann M. Foster, Deputy</i>	REG. DISTRICT 135	DATE REC'D. IN STATE OFFICE
PART I. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
ACUTE MYOCARDIAL INFARCTION		3 DAYS		
CORONARY ARTERY DISEASE		YEARS		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) NO		
DIABETES MELLITUS		WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) NO		
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> FELAONY INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO. DAY YR. NO	HOUR NO	INJURY AT WORK? (Specify Yes or No) NO
PLACE OF INJURY (At home, lawn, street, factory, office, etc.) NO		WHERE LOCATED? NO	STREET ADDRESS NO	CITY OR TOWN NO
STATE NO		STATE NO		
SUPPLEMENTARY ENTRIES MORTUARY CORRECTED BOXES 7, 25 & 15 E. 2-20-2003				

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA
COUNTY OF YAVAPAI } SS

DATE ISSUED **FEB 21 2003**

This is a true and exact reproduction of the document officially registered and placed on file 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. Jacobson
MARCIA MORAN JACOBSON
YAVAPAI COUNTY REGISTRAR
YAVAPAI COUNTY HEALTH DEPARTMENT

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

136523





E-18028

**THE CITY OF SAN DIEGO
MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS**

CONTRACT / CERTIFICATION NO: E-18028DATE: 09/11/03

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Irene B. & Thomas Allen (Deceased) to Thomas Frederick Allen

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of \$ N/A situated in Mount Hope Cemetery described as:

DIVISION: 10 SECTION: _____ BLOCK/ROW: _____ LOT: 4816, 4817 & 4818 GRAVE(s): _____

according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

- (a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.
- (b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.
- (c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.
- (d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.
- (e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grant interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.
- (f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.
- (g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

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 1-0-2-0-3

M. Snyder
Signature / Date

Ray Snyder
Ray Snyder, Cemetery Manager

Mt. Hope Cemetery

Community Parks • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403



**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date Sept. 11, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward Johnson 134174

In a TS Vault Funeral, date, time Mon 9/15 1:00

Church/Chapel, Graveside Raydale Mortuary Chapman

All Funeral cars must arrive before 10:00 p.m. of regular work day or an extra charge of \$ 200 will be applied and billed to undersigned.

Lot 143 Grave 10 Row Section 1 Division/Block 11

Grave space & Care Fund 985-

Additional spaces and care fund

Opening/Closing & Setup 413-

Burial Container 275-

Handling Fees 204-

Flower vases - Marker setting fee 50-

Recording and filing fee

Sales taxes 21.31

Total Due 1948.31

Paid receipt number 54067 1948.31

Balance due 0

I hereby certify I am the Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature James Norman
Address 1564 Remington Hills Dr
City San Diego State CA Zip Code 92154
Telephone 428-7508 (428-7808)

Work Order # E 18029 Invoice #

Acct. #

REA-104 (7-96) This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18029

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Davis	Barley			
		Kelly	x			
			Hokomb			

Blind Check Initiated By: Pam Date: 9/11

Interment space for: Edward Johnson

Interment Date: Mon 9/15 Time: 1:00

Div: 11 Sect: 1 Blk/Row: Lot: 143 Gr: 10

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag in
grave

Blind Check & Verified By: Date:

Honorable Discharge

E-18029



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 Honorably Discharged from the

Army of the United States

he 7th *day of* September 1967 *This certificate is awarded*
as a testimonial of Honest and Faithful Service

B E Babcock

B E BABCOCK
COLONEL AGC

E-18029

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Edward		1B. MIDDLE Lee	1C. LAST (FAMILY) Johnson	2. DATE OF BIRTH MONTH, DAY, YEAR 11/26/1939	3. DATE OF DEATH MONTH, DAY, YEAR 09/08/2003	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Junette Johnson, Wife 1564 Remington Hills Drive San Diego, CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/12/2003				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 09/15/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9 15 03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -
		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE -		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept. 12, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maudie Robbins 134174

in a Ciner Funeral, date, time Mon 9/15 11:00
Church Chapel Graveside Buge Roberts Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 3.00 will be applied and billed to undersigned.

Lot 175 Grave 12 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund 413-

Opening/Closing & Setup **PAID** 204-

Burial Container 160-

Handling Fees SEP 12 2003

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 50-

Sales taxes 16.30

Total Due 1833.30

Paid receipt number RSW68 1833.30

Balance due 0

I hereby certify I am the * Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature * Daisy Gutierrez

Address 7716 Madison Ave #A

City Chula Vista 91910

Zip Code 91910

Telephone (619) 430-3072

Telephone

Work Order # **E** 18030

Invoice #

Acct. #

MT HOPE CEMETERY E-18030

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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				
	Medina			Austin		
			X			
		Gaines				

Blind Check Initiated By: Ram Date: 9/12

Interment space for: Martha Robbins

Interment Date: Mon 9/15 Time: 11:00

Div: 12 Sect: 2 Blk/Row: Lot: 175 Gr: 12

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No flag on

Agrees with Map: ☒ Yes ☐ No grave

Blind Check & Verified By: Saint Mergier Date: 9-12-03

E-18030

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MARTHA	1B. MIDDLE -	1C. LAST (FAMILY) ROBBINS	2. DATE OF BIRTH MONTH, DAY, YEAR 09/01/1930	3. DATE OF DEATH MONTH, DAY, YEAR 09/08/2003	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CHRISTINE F. LOPEZ - DAUGHTER 1390 SANTA ALICIA AVE #1105 CHULA VISTA CA 91913	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 91950		7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-284		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Pamela Valle</i> 8B. DATE SIGNED 09/11/2003	
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103005 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/11/2003 P VALENTINE	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315089
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONOR'S USE ONLY		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 7-15-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-12-03

*pre-need
last trust*
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of for Curtis Moring Sr. 134172

in a T.S. Vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 126 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund _____ 985.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413.00

Burial Container _____ 275.00

Handling Fees _____ 204.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50.00

Sales taxes _____ 21.31

Total Due _____ 1948.31

Paid receipt number R-56670 1948.31

Balance due 0

I hereby certify I am the wife of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1
hold under deed. 134169

Signature of recorded holder of deed

Emma L. Moring
Signature
5290 Prosperity Ln.
Address
San Diego 92115
City Zip Code
619-287-9874
Telephone

Work Order # E 18031

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept 12, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernestine Sutton 227105

in a Ciner Type of Burial Container Funeral, date, time Thurs 9/11/03 1:00

Church Chapel, Graveside Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ CP will be applied and billed to undersigned.

Lot 10 Grave 6 Row Section 14 Division/Block 7

Grave space & Care Fund 1935

Additional spaces and care fund

Opening/Closing & Setup 413 - 209

Burial Container 209 - 100

Handling Fees 160

Flower vases - Marker setting fee SEP 12 2003

Recording and filing fee 50

Sales taxes 16.00

PAID
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 2383.00

Paid receipt number R56671 2383.00

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Dan

Work Order # E

18032

Carolyn Penniman
Signature
31281 Van Ruyssdael Ln
Address
Winchester 92596
City
909 926-2429
Telephone
Zip Code

Invoice #

Acct. #

MT HOPE CEMETERY E-18032

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

Blind Check Initiated By: Pam Date: 9/12

Interment space for: Eunestine Sutton

Interment Date: Thurs. 9/18 Time: 1:00

Div: 1 Sect: 16 Blk/Row: Lot: 70 Gr: 60

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No


Agrees with Map: ☐ Yes ☐ No

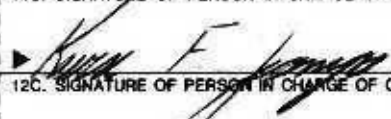
Blind Check & Verified By: Date:

*Wagon
grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ERNESTINE		1B. MIDDLE LOUISE		1C. LAST (FAMILY) SUTTON		2. DATE OF BIRTH MONTH DAY YEAR 08/28/1923		3. DATE OF DEATH MONTH DAY YEAR 09/10/2003		4. SEX F			
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Carolyn Penniman-Daughter 31281 Van Ruyssdael Lane Winchester, CA 92596							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		8A. SIGNATURE OF APPLICANT—Person taking permit 				8B. DATE SIGNED 09/17/2003	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 09/17/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT D.R. Williams			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA							
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA													
FOR CORONER'S USE ONLY													
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)													

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-18-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-12-03

PC. 100000
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn H. Garrett

in a D.D. Grypt (A) Funeral, date, time Thurs. Sept. 18 11:00
Type of Burial Container
Church, Chapel, Graveside Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 1209 Grave 1 Row _____ Section 1 Division/Block 8

Grave space & Care Fund D-5405 0

Additional spaces and care fund _____

Opening/Closing & Setup 413.00

Burial Container 418.00

Handling Fees 352.00

Flower vases - Marker setting fee PAID 10 35.85

Recording and filing fee 50.00

Sales taxes SEP 1-2 2003 32.40

Total Due 1429.25 1291.25

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA
Paid receipt number M/C 1429.25

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under dead.

Signature of recorded holder of deed

Patricia L. Ladd
Signature
8110 Laird St
Address
La Mesa CA 91942
City
619. 463. 3435 Zip Code
Telephone

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18033

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	Gil stop	Koenig	Daniel

Blind Check Initiated By: Paullette C. Date: 9-15-03

Interment space for: Evelyn Garrett

Interment Date: 9/18/03 Time: 11:00 Chapel

Div: 8 Sect: 1 Blk/Row: _____ Lot: 1209 Gr: _____

Grave Laid out by: NORMAN FORGUSON


Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [Signature] 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) EVELYN	1B. MIDDLE ALTHEA	1C. LAST (FAMILY) GARRETT	2. DATE OF BIRTH MONTH DAY YEAR 12/24/1913	3. DATE OF DEATH MONTH DAY YEAR 09/11/2003	4. SEX F
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Patricia Ladd-Daughter 8110 Laird St. La Mesa, CA 91942	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODEBODY MORTUARY - 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 790		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			SIGNATURE OF APPLICANT—Person taking permit 		8B. DATE SIGNED 09/17/2003



PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/18/2003 D.R. Williams	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315463
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-18-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept 15, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty Davis

In a urn Funeral, date, time Wed 9/17 1:30
Church, Chapel, Graveside : 80 Memorial Mortuary.

All Funeral cars must arrive before 2:00 p.m. of regular work day or an extra charge of \$ 250
will be applied and billed to undersigned.

Lot 46 Grave 4 Row Section 2 Division/Block 12

Grave space & Care Fund D 7242

Additional spaces and care fund

Opening/Closing & Setup E-8090

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number

Balance due

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Justin Davis
P.O. Box 821
BONSALL CA 92003
760-758 7647 Zip Code

Work Order # E 18034

Invoice #

Acct. #

w/George
Duster

MT HOPE CEMETERY E-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.

			French			
		Hyche	x		tree	
			Campbell			

Blind Check Initiated By: Ram Date: 9/15

Interment space for: Betty Davis ~~X~~

Interment Date: Wed 9/17 Time: 1:30

Div: 12 Sect: 2 Blk/Row: Lot: 46 Gr: 4

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag m
grave

Blind Check & Verified By: Date:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18034 664-02
82

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Betty	1B. MIDDLE Evelyn	1C. LAST (FAMILY) Davis	2. DATE OF BIRTH MONTH, DAY, YEAR 08/19/1921	3. DATE OF DEATH MONTH, DAY, YEAR 08/31/2003	4. SEX F
5A. CITY OF DEATH National City			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104			7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-1575		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 09/05/2003		
6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP OF INFORMANT Luster Davis-Son 5592 Calvillo St. Bonsall, CA 92003					

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$13.00 9B. DATE PERMIT ISSUED 09/05/2003 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. Lemon Jr. 2314827
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mr. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-12-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Southern California Crematory 601-D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 09/11/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 8/91)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna Maleum 227101

in a _____ Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 96 Grave S Row _____ Section 2 Division Block D

Grave space & Care Fund _____ 985.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
SEP 16 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due _____ 985.00

Paid receipt number 56677 985.00

Balance due 0

I hereby certify I am the granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Patricia McPherson
Address 1622 Pine St.
City Ramona 43065
Zip Code
Telephone 619 871 6060

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-18-03

At Need
227107
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of ARCHIE L. HOLMES MON 9/22 10:00
in a T.S. VAULT Funeral, date, time FRI. SEPT 19 1:00
Type of Burial Container
Church Chapel, Grave site RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 89 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____ 985.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 415.00

Burial Container _____ 275.00

Handling Fees _____ 204.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50.00

Sales taxes _____ 21.31

Total Due _____ 1948.31

Paid receipt number R-56691 1948.31

Balance due 0

I hereby certify I am the MOTHER of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

MT HOPE CEMETERY E-18036

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			HARRIS	HARRIS		
MAJIK	LAWSON	KREUTER	x			

Blind Check Initiated By: Paulette Date: 9-18

Interment space for: ARCHIE L. HOLMES

Interment Date: 9-22-03 Time: WOODCHAPEL

Div: 12 Sect: 1 Blk/Row: Lot: 89 Gr: 6

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

Flag on grave

E-18036

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Archie		1B. MIDDLE Lovell		1C. LAST (FAMILY) Holmes		2. DATE OF BIRTH MONTH, DAY, YEAR 05/13/1948		3. DATE OF DEATH MONTH, DAY, YEAR 09/14/2003		4. SEX M	
5A. CITY OF DEATH National City				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lessie M. Holmes, Mother 5269 Reynolds Street San Diego, CA 92114					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 09/17/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID 13.00		9B. DATE PERMIT ISSUED 09/19/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315618 B. Campbell	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA.					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE								<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
								<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102				11B. DATE BURIED 9-22-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9.16.03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAURIND MENDOZA HERNANDEZ 227103

in a Linear Funeral, date, time Thurs SEPT. 18th 11:00 AM
Type of Burial Container

Church, Chapel, Graveside : AZULAN Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 101 Grave 7 Row 2 Section 12 Division/Block

Grave space & Care Fund 985.00

Additional spaces and care fund

Opening/Closing & Setup PAID 413.00

Burial Container Linear 209.00

Handling Fees SEP 16 2003 160.00

Flower vases - Marker setting fee

Recording and filing fee MT. HOPE CEMETARY 50.00
CITY OF SAN DIEGO, CA

Sales taxes 16.20

Total Due 1,833.20

Paid receipt number R - 56680 1,833.20

Balance due 0

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

EUSEBIO RAMIREZ
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Robert/Bulke 18037

Work Order # E

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	Rosenberg		
			X	Wilder	Widsey	
		more				

Blind Check Initiated By: Paullette Date: 9-16-03

Interment space for: TAURINO MENDOZA HERNANDEZ

Interment Date: THURS 9-18-03 Time: 10:00 AM

Div: 12 Sect: 2 Blk/Row: Lot: 101 Gr: 7

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 9-17-03

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Taurino		1B. MIDDLE -	1C. LAST (FAMILY) Mendoza Hernandez		2. DATE OF BIRTH MONTH, DAY, YEAR 02/06/1979	3. DATE OF DEATH MONTH, DAY, YEAR 09/14/2003	4. SEX M
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Eusebio Ramirez-Father 4383 Idaho St. Apt 5 San Diego, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Leah U. Mata</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 09/17/2003				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/17/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Leah KA. Mata 2315371	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/18/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept. 17, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth Magoffin

In a #7 Type of Burial Container Funeral, date, time Mon 22 Sept 1100
Church, Chapel, Graveside Neptune Mortuary.

All Funeral cars must arrive before 5:00 p.m. of regular work day or an extra charge of \$ 300 will be applied and billed to undersigned.

Lot 479 Grave 1 Row Section 3 Division/Block 8

Grave space & Care Fund C-2260

Additional spaces and care fund

Opening/Closing & Setup 413-

Burial Container #7 on lid + glass 280-

Handling Fees 160-

Flower vases - Marker setting

Recording and filing fee 50-

Sales taxes 21.70

PAID
SEP 17 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 924.70

Receipt number R-56689 924.70

Balance due 0

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Kenneth R. Magoffin
Signature of recorded holder of deed

X GARCIA A. MAGOFFIN
Signature

X 21028 BARRETT SMITH RD.
Address

X DULZURA CA. 91917
City

X (619) 468.3448
Zip Code

Telephone

Invoice #

Acct. #

Work Order # E



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

2055

5/19/1965

DEED

E-18038

OWNERSHIP AND INTERMENT PRIVILEGES

TO Mildred H. LeVan for the sum of \$ 145.00 (DOLLARS)

LEGAL DESCRIPTION Lot 478 Section 3 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-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

R. W. Dehne
Cemetery Manager

Eric Quast
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.

Fillenworth
 LEVAN
 Luppert Gardner
 x
 Krueger

Blind Check Initiated By: Paulette Date: 9-17-03

Interment space for: Kenneth Magoffin

Interment Date: 9-22-03 Time: 11:00 Church

Div: 8 Sect: 3 Blk/Row: _____ Lot: 479 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Paulette Date: 9.18.03

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) KENNETH		1B. MIDDLE ALLEN	1C. LAST (FAMILY) MAGOFFIN	2. DATE OF BIRTH MONTH, DAY, YEAR 11/04/1951	3. DATE OF DEATH MONTH, DAY, YEAR 09/17/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GAROLD ALFRED MAGOFFIN JR., FATHER 21028 BARRETT SMITH ROAD DULZURA, CA 91971		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1352		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID \$13.00	9E. DATE PERMIT ISSUED ALAN PRYOR 09/19/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315620
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-22-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-17-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lynch, Rheadean 227109

in a Liner Funeral, date, time Mon Sept 22 1:00

Church, Chapel, Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned.

Lot 4863 Grave 1 Row Section Division/Block 10

Grave space & Care Fund 1205.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 413.00

Burial Container 209.00

Handling Fees SEP 18 2003 160.00

Flower vases - Marker setting fee MT. HOPE CEMETARY 50.00

Recording and filing fee CITY OF SAN DIEGO, CA 16.20

Sales taxes

Total Due 2053.20

Paid receipt number MTC - 500.00

Balance due 1553.20

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

J. Webb / MS G. Lynch
1550 Bridgeview
San Diego CA 92105
619-263-8944
Telephone Zip Code

Paulette
Work Order # **E** 18039

Invoice #
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.

Hutchinson	Hutchinson		X		Comer	KANDAR

Blind Check Initiated By: Paullette Date: 9/18

Interment space for: Rheadean Lynch

Interment Date: 9-22-03 Time: 1:00

Div: 10 Sect: Blk/Row: Lot: 4863 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David N. N. N. Date: 9-19-03

Flag on grave

E-18039

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Rheadean	1B. MIDDLE -	1C. LAST (FAMILY) Lynch	2. DATE OF BIRTH MONTH, DAY, YEAR 05/05/1928	3. DATE OF DEATH MONTH, DAY, YEAR 09/16/2003	4. SEX M
5A. CITY OF DEATH Chula Vista		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Quillia G. Lynch, Daughter 1550 Bridgeview Drive San Diego, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> 8B. DATE SIGNED 09/18/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 08/19/2003 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315612
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-22-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept. 18, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gai Thi Tran 239299

In a TS Funeral, date, time Set Sept. 20 12:00
Type of Burial Container
Church Chapel, Graveside Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 4547 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund E 12594

Additional spaces and care fund St pre

Opening/Closing & Setup PAID

Burial Container PAID

Handling Fees PAID

Flower vases - Marker setting fee SEP 18 2003

Recording and filing fee MT. HOPE CEMETARY

Sales taxes CITY OF SAN DIEGO, CA

Total Due 660.00

Paid receipt number R56696

Balance due 0

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot NAM T. PHAM hold under deed.

Signature of record holder of deed _____

Nam Pham 239298
Signature 9046 Cade Terrace
Address San Diego, CA 92126
City (858) 566 2784 Zip Code
Telephone

18040

Work Order # E Invoice # _____

REA-104 (7-98) This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18040

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Thuy	Ernest	Watson		
	Anderson	Thi-Ty	x	Thi-Ty	Chung	
		Chuong	Chuong	Thuy		

Blind Check Initiated By: Pham Date: 9/18

Interment space for: Gai Thi Tran

Interment Date: 9-20-03 Time: Sat. 20 12:00

Div: 10 Sect: Blk/Row: Lot: 4547 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 9-19-03

flag in grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) CAI		1B. MIDDLE THI	1C. LAST (FAMILY) TRAN	2. DATE OF BIRTH MONTH, DAY, YEAR 03/03/1914	3. DATE OF DEATH MONTH, DAY, YEAR 09/16/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NAM PHAM - DAUGHTER 9046 CADE TERRACE SAN DIEGO, CA 92126		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBODY MORTUARY - 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 790		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Diana Lewis</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/19/2003				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/19/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315591
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|---|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|---|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-20-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9/18/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stanleigh Cornish Wed 9/19
In a Ashvault Funeral, date, time 9/19/03 11:30
Church, Chapel (Graveside) : Crematory / Funeral Home

All Funeral cars must arrive before 5:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot <u>2145</u> Grave <u>1</u> Row _____ Section _____ Division/Block <u>10</u>	
Grave space & Care Fund _____	<u>E-353</u>
Additional spaces and care fund _____	<u>LFCT / TLF / TRG</u>
Opening/Closing & Setup _____	<u>1K -</u>
Burial Container _____	<u>61 -</u>
Handling Fees _____	<u>100 -</u>
Flower vases - Marker setting fee _____	
Recording and filing fee _____	<u>50 -</u>
Sales taxes _____	<u>4.73</u>

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 297.73
Paid receipt number R56695 297.73
Balance due 0

I hereby certify I am the X Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

flm

X Eva M McFarland
X 1250 No KIRBY - SPK
X Hemet, CA 92545
X (909) 925-3689

Invoice # _____

Acct. # _____

Work Order # E 18041

W/young
Piercy & Parker

L/C
T L & TR
MT HOPE CEMETERY

E-18041

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Reddell		Gilbert		
		Marcel	X Bottom			
		Piercy		Flanagan		

Blind Check Initiated By: Ram Date: 9/18
Interment space for: Stanleigha Cornish
Interment Date: Dec 10/03 Time: 11:30
Div: 10 Sect: Blk/Row: Lot: 2145 Gr: 1
Grave Laid out by: Norman Ferguson
Agrees with Legal Card: ☐ Yes ☐ No flag m
Agrees with Map: ☐ Yes ☐ No grave
Blind Check & Verified By: DARKEY Date: 9-20-03

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) STANLEY CHA	1B. MIDDLE AUSTIN	1C. LAST (FAMILY) CORNISH	2. DATE OF BIRTH MONTH, DAY, YEAR 06/05/1954	3. DATE OF DEATH MONTH, DAY, YEAR 11/24/2000	4. SEX F
3A. CITY OF DEATH HEMET			5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE RIVERSIDE		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GREENWOOD MORTUARY - 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 843		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100955 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EVA MONROE - AUNT 1250 N. KIRBY #96 HEMET, CA 92545		
			8A. SIGNATURE OF APPLICANT — Person taking permit <i>Diana Lewis</i>		
			8B. DATE SIGNED 10/01/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA RIVERSIDE CO. HEALTH DEPT. P.O. BOX 7600, RIVERSIDE, CA 92513	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED DIANA LEWIS 10/01/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Diana Lewis</i>
	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONOR'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT _____ (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-1-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenna F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

9/18/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of George Monroe und 10/1

in a Ash vault Funeral, date, time Tues 9/20/03 11:30

Church, Chapel, Crematory Graveside

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 2146 Grave 1 Row Section Division/Block 10

Grave space & Care Fund C-7859 0

Additional spaces and care fund

Opening/Closing & Setup 116-

Burial Container 61-

Handling Fees 66-

Flower vases - Marker setting fee

Recording and filing fee SEP 18 2003 50-

Sales taxes 4.73

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA Total Due 297.73

Paid receipt number RS0015 297.73

Balance due 0

I hereby certify I am the wife of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Ran

Cora M. Moore
Signature
4550 N. Kirby St. SP 96
Address
Metrolink Col.
City
909-9253689 Zip Code
Telephone 92545

18042

Invoice #

Acct. #

Work Order # E

MT HOPE CEMETERY E-18042

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Gilbert	Feeley		
		Young Elder Parker	TOP X		Miller	
	Rienley		Flanigan	Felten Bergs		

Blind Check Initiated By: Pam Date: 9/18

Interment space for: George Monroe ⊗

Interment Date: Wed 10/1/03 Time: 11:30

Div: 10 Sect: Blk/Row: Lot: 2146 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY Date: 9-30-03

*flag in
grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) George		1B. MIDDLE Richard		1C. LAST (FAMILY) Monroe		2. DATE OF BIRTH MONTH, DAY, YEAR 12/10/1924		3. DATE OF DEATH MONTH, DAY, YEAR 08/14/2003		4. SEX M			
5A. CITY OF DEATH Hemet				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Riverside		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Eva Maude Monroe, Wife 1250 N Kirby #96 Hemet, CA 92545-							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Cremation Society of Riverside County 1503 W. Florida Avenue Hemet, CA 92543						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1445		8A. SIGNATURE OF APPLICANT—Person taking permit				8B. DATE SIGNED	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 08/18/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 039426/CH			
						9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Riverside Co. Health Dept. PO Box 7600, Riverside, CA 92513				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego Co. Health Dept. P.O. Box 85222 San Diego, CA 92186-5222			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA													
FOR CORONER'S USE ONLY													
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)													
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St San Diego CA 92102				11B. DATE BURIED 10-1-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Miller Jones Crematory 26245 Palomar Road Sun City, CA 92585				12B. DATE CREMATED 8-19-03		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-22-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerry Crawford 227120

In a Liner Funeral, date, time Friday Sept 26 1:00
Church, Chapel, Graveside Rego's Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 75 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund —

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee —

Recording and filing fee 50.00

Sales taxes 16.20

PAID
SEP 22 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1833.20

Paid receipt number R-56703 1833.20

Balance due 0

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed

Robert Crawford Jr.
Signature
5088 Palin St.
Address
S.D. CA. 92113
City
(619) 263 5893
Telephone
Zip Code

Work Order # E 18043

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E 18043

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			
	Williams					

Blind Check Initiated By: Paulette C. Date: 9/22

Interment space for: Jerry Crawford

Interment Date: 09/26/03 Time: 1:00 Chapel

Div: 12 Sect: 1 Blk/Row: Lot: 75 Gr: 6

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:

flag on grave

E-18043

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Jerry	1B. MIDDLE Louis	1C. LAST (FAMILY) Crawford	2. DATE OF BIRTH MONTH, DAY, YEAR 08/30/1953	3. DATE OF DEATH MONTH, DAY, YEAR FD 09/13/2003	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary F. Crawford, Mother 5088 Palin Street San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/22/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 09/22/2003 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315652
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-26-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT NEED
ASHES PLACED
IN upper right

10 CHAIRS

9/22/03

ROBERT BAILEY &

ASH VAULT

Funeral, date, time

SAT. OCTOBER 4TH 10:30

Types of Barrel Containers

TELOPHASE

Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 1236 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund A-7115 ~~10~~

Additional spaces and care fund SAT. OVERTIME SERVICE \$ 230.00

Opening/Closing & Setup 116.00

Burial Container..... SEP 2011 61.00

Handling Fees.....

Flower vases - Marker setting fee

Recording and filing fee 50.00

Sales taxes 4.73

Total plus 528.72

Paid receipt number Woodward 528.73

Balance due 0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the Interment in lot I hold under deed.

Signature of recorded holder of deed

X _____
Signature

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

18044

Work Order # **E**_____

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E 18044

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

(Ingrave with Ruth Bailey)

			MORRIS			
	PAPP	HICKS	x	HICKS	LOWE	

Blind Check Initiated By: Paullette Date: 9/30

Interment space for: Robert Bailey

Interment Date: 10/4/03 Time: 10:30 AM Grave side

Div: 8 Sect: 1 Blk/Row: Lot: 1236 Gr:

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Ferguson agree

Blind Check & Verified By: David Noriega Date: 10-2-03

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) ROBERT	1B. MIDDLE ARMIN	1C. LAST (FAMILY) BAILEY	2. DATE OF BIRTH MONTH DAY YEAR 07/27/1919	3. DATE OF DEATH MONTH DAY YEAR 09/19/2003	4. SEX M
5A. CITY OF DEATH ALPINE		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERT BAILEY - SON 5602 S 43RD ST ROGERS AR 72758		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SIMPLE TRIBUTE MC 145 E LEXINGTON AVE EL CAJON CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1804	8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/23/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/23/2003 L CASTRO	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315759 [Signature]
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input checked="" type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 10-4-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 9/30/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INTERMENT ORDER

Date 9/22/03

of Angelica Reza Estelvin

Type of Burial Container	5
Church, Chapel, Graveyard	Mortuary

will be applied and billed to undersigned.

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Grave space & Care Fund 985 -

Additional spaces and care fund

Opening/Closing & Setup

Burial Container 418

Handling Fees 352

Flower vases - Marker setting fee \$0.00

Recording and filing fee 50

Sales taxes 32.41

2750.40 ~~985.71~~

254709 Paid receipt number 296706 ~~512.03~~ 8/16

11,058.40	730
Balance due	

I hereby certify I am the self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of direct

Signature _____

Y-2425 Fairmount - Fur +

✓ Ann Diego CA 92105

210 Code

$$X(1019) = 577 - 29(13)$$

Telephone

Work Order # **E** Invoice # _____
Acct. # _____

REA-104 (7-86)

This information is available in alternative formats upon request.

227110

227111

E-18045

REZA, ANGELICA/RODRIGUEZ, ESTELVINA 2425 Fairmont ave #6 SD 92105 (619)527-2963

09-22-2003 Pre-need lot and trust		DEBIT	CREDIT	BALANCE
DIV 12 SEC 2 LOT 275 GR 8		985.00		
Trust to include 1 open/close, DD Crypt,				
handeling fee, recording fee and tax		1265.40		2250.40
09-22-2003	R-56706& 56709		562.00	1688.40
10-22-03	R 56817	no coupon	100.00	1588.40
11-21-03	56929	"	100.00	1488.40
12-19-03	57018	"	100.00	1388.40
1-2-04	R-57111	"	100.00	1288.40
2-24-04	R-57245	"	100.00	1188.40
3-28-04	57354	"	100.00	1088.40
4-21-04	R-57467	"	100.00	988.40
5-1-04	by Visa	"	100.00	888.40
6-23-04	by CK R-57702	"	100.00	788.40
7-27-04	R57839	"	100.00	688.40
8-23-04	57933	"	100.00	588.40
9-22-04	58042	"	100.00	488.40
10-1-04	58147	"	100.00	388.40
11-30-04	58271	"	100.00	288.40
11-21-05	R-58438	"	288.40	0.00

PAID

JAN 21 2005

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

9/22/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Shakin Jack Jr. 227116
in a 0 liner Funeral, date, time Thurs 9/25 12:00
Church, Chapel Graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

Lot 1128 Grave 1 Row _____ Section 1 Division/Block 9

Grave space & Care Fund _____ 110-

Additional spaces and care fund _____

Opening/Closing & Setup _____ 138-

Burial Container _____ 77-

Handling Fees _____ 28-

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50-

Sales taxes _____ 5.97

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due _____ 408.97

Paid receipt number 22 USA 408.97

Balance due 0

I hereby certify I am the X of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Pam

X
Signature

X
Address

X
City

X
Telephone

Zip Code

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18046

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			BAUN	Neeloy		
tree		tate	x		udayz	
			Latimer			

Blind Check Initiated By: Pawn Date: 9/22

Interment space for: Shaker Jack

Interment Date: Thurs 9/25 Time: 12:00

Div: 9 Sect: 1 Blk/Row: Lot: 1128 Gr: 1

Grave Laid out by: NOEMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [Signature] Date: 9-23-03

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) SHAKIR		1B. MIDDLE RAYUN	1C. LAST (FAMILY) JACK JR.	2. DATE OF BIRTH MONTH, DAY, YEAR 09/03/2003	3. DATE OF DEATH MONTH, DAY, YEAR 09/16/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ERIN FAHEY—MOTHER 1058 ELKELTON BLVD. #25 SPRING VALLEY, CA 91977		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
8B. DATE SIGNED 09/23/2003		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 09/23/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. BENYARD
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						
FOR CORONER'S USE ONLY						
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)						

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-25-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-22-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James E. Slatton 227118

In a Liner Funeral, date, time Friday Sept. 26 11:00

(Church) Chapel, Graveside NO SA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ SAN DIEGO MEMORIAL

will be applied and billed to undersigned. _____

Lot 82 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____ 985.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413.00

Burial Container _____ 209.00

Handling Fees _____ 160.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50.00

Sales taxes _____ 16.20

Total Due _____ 1833.20

Paid receipt number R-56717 1833.20

Balance due 0

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Sharon Slatton
Signature
x 7600 S. Stewart
Address
x Chicago IL 60620
City Zip Code
x 619-347-6653
Telephone

Work Order # E 18047 Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-18047

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Leibick	X			
					white	

Blind Check Initiated By: Paulotto Date: 9-23

Interment space for: James E. Slatton

Interment Date: 9-26-03 Time: 11:00 Church

Div: 12 Sect: 1 Blk/Row: Lot: 82 Gr: 5

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARIN Date: 9-24-03

Flag
on
Grave

E-18047

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JAMES	1B. MIDDLE E.	1C. LAST (FAMILY) SLATTON III	2. DATE OF BIRTH MONTH DAY YEAR 01/31/1959	3. DATE OF DEATH MONTH DAY YEAR 09/17/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT TAUSHA HILLARD-FRIEND 4344 VAN DYKE AVE. #7 SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/22/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/22/2003 J. LEMON JR.	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315634
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|---|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|---|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ST. JOSEPH CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
			15D. LICENSE NUMBER OF CREMATED 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 9/23/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grace Orton ²²⁷¹¹⁴ ~~122-8676~~ ^{9:00}

In a Ciner Funeral, date, time Wed 9/24/03 10:00

Church, Chapel, Graveside only : Mayor Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 8 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund 413-

Opening/Closing & Setup 200-

Burial Container 160-

Handling Fees 50-

Flower vases - Marker setting fee 16.20

Recording and filing fee 1833.20

Sales taxes 1853.20

Total Due (-20.00)

Paid receipt number R.56729

Balance due 0.00

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Pam

18048

Signature Set attached
Address _____
City _____
Telephone _____

Invoice # _____

Acct. # _____

Work Order # E

MT HOPE CEMETERY E- 18048

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	(A USE)		
		Brown				

Blind Check Initiated By: Pam Date: 9/23

Interment space for: Grace Orton

Interment Date: Wed 9/24 Time: 10:00

Div: 12 Sect: 1 Blk/Row: Lot: 8 Gr: 9

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 9-23-03

play in
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) GRACE		1B. MIDDLE —	1C. LAST (FAMILY) ORTON	2. DATE OF BIRTH MONTH, DAY, YEAR 03/13/1900	3. DATE OF DEATH MONTH, DAY, YEAR 09/10/2003	4. SEX F
5A. CITY OF DEATH CHULA VISTA			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GREG BROWN - PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MAYER MORTUARY 2859 ADAMS AVE., SAN DIEGO, CA 92116				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1424		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* 8B. DATE SIGNED: **09/18/2003**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/18/2003 R. MARTINEZ	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315544
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
--	--

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-24-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/23/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grace Orton 1228676

In a Plot Burial, date, time Wed 9/24 10:00

Church, Chapel, Graveside only Mortuary Mayor

All funerals must arrive before 12:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned.

Lot 8 Grave 9 Row Section 1 Division/Block 12

Grave space & Care Fund 985-

Additional space and care fund

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fee 160-

Flower vase - Marker setting fee

Recording and filing fee 50-

Sales taxes 16.00

Total Due 1833.00

Paid receipt number

Balance due

I hereby certify I am the Conservator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of consignor or holder of deed

Khayy A.D.
Public Administrator
Public Guardian
5201-A Pullin Road
San Diego, California 92123

18048

Work Order # E

Invoice #

Acct. #

REFUND PLAN

This information is available in alternative formats upon request.

ATM:
Brown
Gies

9-25-03

MD

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept. 23, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise McGrath

In a Funeral date, time Tues 9/23/03 11:00

Church, Chapel, Graveside At home : Pinkham/Mitchell Monday

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 10.00 will be applied and billed to undersigned.

Lot 173 Grave 1 Row 4 Section 8 Division/Block

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 116

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee OCT 07 2003 50

Sales taxes

Kathy To buy MOUNT HOPE CEMETERY 146

(419) 423 48 55 Paid receipt number RSL6761 146

Balance due 0

I hereby certify I am the X of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

I hereby authorize the interment in lot I

hold under deed.

Signature of recorded holder of deed

Ram

Signature

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order # E

18049

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

09/23/2003 03:19

6194234855

6194234855

Opening/Closing

DATE OF SERVICE

PINKHAM MITCHELL

6194234855

PAGE 01
NO. 583 002

Burial Container

Handling Fee

Flower vase - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

166.00

(49) 423 48 55

Paid receipt number

Balance due

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of decedent's next of kin

619-662-1330

18049

E

Invoice #

Acct. #

Remained for file upon request

MT HOPE CEMETERY

E-18049

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				young		
		Hansen		Schmuck		
			X	Jeffrey		
		Hale	Lewis	Gelin		

Blind Check Initiated By: Pam Date: 10/3

Interment space for: Louise McGrath 8

Interment Date: Tues 10/7 Time: 11:00

Div: 8 Sect: 4 Blk/Row: Lot: 173 Gr: 1

Grave Laid out by: Norman Ferry

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Robert Date: 10-6-08

flag in grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) LOUISE	1B. MIDDLE P.	1C. LAST (FAMILY) McGRATH	2. DATE OF BIRTH MONTH DAY YEAR 12/04/1907	3. DATE OF DEATH MONTH DAY YEAR END 09/17/2003	4. SEX F
5A. CITY OF DEATH CORONADO		5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERTA CROWLEY (DAUGHTER) 3340 DEL SOL BLVD. #42 SAN DIEGO, CA 92154	
7. PREPARED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: INKHAM MITCHELL MORTUARY 808 13TH STREET, IMPERIAL BEACH, CA 91932			7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 1178		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code			8A. SIGNATURE OF APPLICANT—Person taking permit: M. Dominguez 8B. DATE SIGNED: 09/22/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID: 13.00	9B. DATE PERMIT ISSUED: 09/23/2003 M. DOMINGUEZ	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2315765
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONOR'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED: 10-7-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL:
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE., COSTA MESA, CA 92626	12B. DATE CREMATED: SEP 30 2003	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION:
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-24-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Herman Carl Henderson 227127

in a Liner Funeral, date, time Mon Sept. 29th 11:30
Type of Burial Container
Church/Chapel/Grave site CA BURIAL Mortuary Claudette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 61 Grave 10 Row Section 2 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee

Recording and filing fees 50.00

Sales taxes 16.20

SEP 25 2003

Total Due 1833.20
Paid receipt number R-56721 1833.20

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

09-25-03A10:3

18050

Invoice #

Acct. #

Work Order # E

MT HOPE CEMETERY

E 18 050

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

					Jeff	
		5010n			Jefferson	
		Cabunget	x	Campbell		

Blind Check Initiated By: Paulette C. Date: 9/25

Interment space for: Herman C. Henderson

Interment Date: 9/29 Time: 9/29/03 11:30

Div: 12 Sect: 2 Blk/Row: Lot: 61 Gr: 10

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: [Signature] Date: 9-25-03

Paulette
Flag on
Name

E- 18050

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HERMAN	1B. MIDDLE CARL	1C. LAST (FAMILY) HENDERSON	2. DATE OF BIRTH MONTH, DAY, YEAR 09/10/1952	3. DATE OF DEATH MONTH, DAY, YEAR 09/18/2003	4. SEX M
5A. CITY OF DEATH LA MESA	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CLASSIE WILLIAMS MOTHER 244 27TH ST., TS, D. CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 09/24/2003		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/24/2003 V. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315855
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P.O. BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S):			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 9-29-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need
Remainder
of trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 09-24-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of for Ramona Udale 227144

In a ASH VAULT Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 87 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund _____ 330.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 116.00

Burial Container _____ N/A

Handling Fees _____ N/A

Flower vases Marker setting fee **PAID** _____ 138.00

Recording and filing fee _____ 50.00

Sales taxes _____ 50.00

Total Due _____ 634.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # **E**

E 18051

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 **VIDALE, RAMONA**
CASE NO. **1134078**

PROBATE NO.

REASON FOR PAYMENT **NICHE, OPENING & CLOSING**

U.S. BANK
600 West Broadway, Suite 100
San Diego, CA 92101-3302

90-3582/1222

CHECK NO. **256221**

DATE OF ISSUE

09/22/2003

SIX HUNDRED THIRTY-FOUR..... DOLLARS
ZERO
and CENTS

AMOUNT OF CHECK
634.00

PAY TO **MT. HOPE CEMETERY**
THE **3751 MARKET STREET**
ORDER **SAN DIEGO, CA. 92102**
OF: **ATTN: PAULETTE**

NOT PAYABLE AFTER SIX MONTHS FROM DATE OF ISSUE

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈ 256221⑈ ⑆ 122235821⑆ 161843219148⑈

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-24-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Antonio Moreno 227122

In a Liner Funeral, date, time Sat 9/27 10:00

Church, Chapel, Graveside Berge Roberts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 104-6565

will be applied and billed to undersigned. _____

Lot 243 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 985.00

Additional spaces and care fund _____ OT 1000.00

Opening/Closing & Setup _____ PAID 413.00

Burial Container _____ 209.00

Handling Fees _____ SEP 26 2003 160.00

Flower vases - Marker setting fee _____ MT. HOPE CEMETARY

Recording and filing fee _____ CITY OF SAN DIEGO, CA 50.00

Sales taxes _____ 16.20

Total Due 2493.20 +833.20

Paid receipt number R-56725 2493.20

Balance due 0

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Angela Moreno
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature AM

Address 1112 Roosevelt ave

City National City CA 91950

Zip Code 91950

Telephone (619) 474-5047

Invoice # _____

Acct. # _____

Work Order # E 18052

MT HOPE CEMETERY E-18052

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Andrus			
SHEU			X			
		Moore	Parham	Richardson		

Blind Check Initiated By: Ram Paulate Date: 9/24

Interment space for: Antonio Moreno

Interment Date: Sat 9/27 Time: 10:00

Div: 12 Sect: 2 Blk/Row: Lot: 243 Gr: 10

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Date:


Flag on Grave

11 Arrival

E-18052

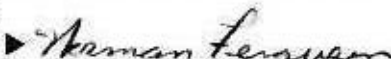
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ANTONIO	1B. MIDDLE G	1C. LAST (FAMILY) MORENO	2. DATE OF BIRTH MONTH DAY YEAR 01/19/1936	3. DATE OF DEATH MONTH DAY YEAR 09/22/2003	4. SEX M
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANGELA MORENO - SPOUSE 1112 ROOSEVELT AVE. NATIONAL CITY, CA 91950	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950			7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-284		
8A. SIGNATURE OF APPLICANT — Person taking permit 			8B. DATE SIGNED 09/24/2003		

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/25/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. FLORES	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS... P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONOR'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-27-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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 9-25-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANTONIO B. CEBU SR. 027124

In a LINE Funeral, date, time SAT. SEPT. 27 10:00

Church/Chapel, Graveside CABURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ ADAMS MITCHELL

will be applied and billed to undersigned.

Lot 204 Grave 10 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund SAT O.T. FEE 660.00

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee 50.00

Recording and filing fee 16.20

Sales taxes 2493.20

09-25-03A10 Paid receipt number 858-271-0833 Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature du Hahid
X Address
X City
X Telephone
Zip Code

Work Order # E 18053

Invoice #

Acct. #

09/25/2003

09:05

50 MT. HOPE CEMETERY → CALIF BURIAL

NO. 568

00

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-25-03

At Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ANTONIO B. CEBU SR.No LINECFuneral date, time SAT. SEPT. 27 10:00Type of final container Church/Chapel, GravesideCALIF BURIAL

Monetary

An Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$ ADAMS MITCHELL

will be applied and billed to undersigned.

Loc 204 Grave 12 Row 2 Section 2 Division/Block 12Grave space & Care Fund 985.00Additional spaces and care fund SAT OT FEE 660.00Opening/Closing & Setup 413.00Burial Container 209.00Handling Fee 160.00Flower Vases - Marker setting fee 50.00Recording and filing fee 16.20Sales taxes 2493.20

PAID
SEP 25 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA
Paid Receipt Number 111C
858-271-0833
Balance due 0

I hereby certify I am the Y of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of intended holder of deed

X Landra del Pano
X 11324 Summerlake Lane
X San Diego CA 92126
X (650) 271-0833

Bulette

18053

Work Order # 18053

Invoice #

Acct #

This information is available in alternative formats upon request.

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.

				ROB LEE JR		
			X			

Blind Check Initiated By: _____ Date: _____

Interment space for: Antonio B. CEBU SR

Interment Date: 9-27-03 Time: 10:00 Church

Div: 12 Sect: 2 Blk/Row: _____ Lot: 204 Gr: 6

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Morris 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) ANTONIO	1B. MIDDLE BRUN	1C. LAST (FAMILY) CEBU	2. DATE OF BIRTH MONTH, DAY, YEAR 04/26/1930	3. DATE OF DEATH MONTH, DAY, YEAR 09/21/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELENA C. CEBU-WIFE 184 TREKWOOD ST. SAN DIEGO CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Mitchell</i>		
			8B. DATE SIGNED 09/25/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/25/2003 V. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315958
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO CA 92186 5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS.

- | | |
|---|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|---|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 9-27-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept 25, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Nestor Revilla 227131

in a Church TS Funeral, date, time Mon 9/29 9:00

Type of Burial Container
Church, Chapel, Graveside : Barge Roberts Mortuary.

All Funeral cars must arrive before 8:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 93 Grave 8 Row Section 2 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund

Opening/Closing & Setup PAID 43-

Burial Container 275 = 66 + 209-

Handling Fees SEP 25 204 = 44 + 160-

Flower vases - Marker setting fee

Recording and filing fee MT. HOPE CEMETARY 50-

Sales taxes CITY OF SAN DIEGO paid by for TS 21.31 5.11 + 16.20

115.11 Total Due 1833.20

Paid receipt number 256719

Balance due 0

I hereby certify I am the wife of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of record holder of deed

Ram

Signature Landee Revilla
Address 1450 Second AVE Apt. 106
City HOLA VISTA, CA. 91901
Telephone (619) 426-0291

Work Order # E

Invoice #

Acct. #

MT HOPE CEMETERY E-18054

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Walker	Crawford		
	Early		X		Kobus	
				Gilbert		

Blind Check Initiated By: Phm Date: 9/25

Interment space for: Nestor Revilla

Interment Date: Mon 9/29 Time: 9:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: B3 Gr: 8

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: J. C. + Phm Date: 9-25-03

Church

flag in grave

E-18054

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) NESTOR	1B. MIDDLE YEE	1C. LAST (FAMILY) REVILLA	2. DATE OF BIRTH MONTH DAY YEAR 11/11/1940	3. DATE OF DEATH MONTH DAY YEAR 09/24/2003	4. SEX M
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FREDERICK REVILLA - SON 1450 2ND AVE #106 CHULA VISTA CA 91911	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 91950			7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-284		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person using permit: <i>Pantelli Vale</i> 8B. DATE SIGNED 09/25/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/29/2003 P VALENTINE	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316028
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONOR'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) <i>11/11/03</i>
---	---

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 9-29-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kuan T. Kuan</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED:	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, <u>ONLY</u> ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept. 25, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lamia Elias 227113

In a 15 Vault Funeral, date, time _____

Type of Burial Container

Church, Chapel, Grave site _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 2875 1568 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 1095-

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413-

Burial Container _____ 275-

Handling Fees _____ 204-

Flower vases - Marker setting fee NOV 1-8-2003 _____

Recording and filing fee _____ 50-

Sales taxes _____ 21.31

MOUNT HOPE CEMETERY

Total Due 2058.31

Paid receipt number 156720 1058.31

Balance due 1000.00

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Lam

18055

Work Order # E

Invoice # _____

Acct. # _____

227112

E-18055

KASHOU, LINDA 103²¹ HITCHINGPOST WAY SANTEE 92071 (619)449-7757

DIV 10 LOT 1868 CR 1

DEBIT

CREDIT

BALANCE

09-25-2003	Opened pre-need lot and trust to include	1095.00		
	open/close, TS Vault, handling fee, recording fee	963.31		2058.31
	and tax. 25% down R-56720			1000.00
			1058.31	
10-14-03	R-56795		42.00	958.00
11-18-03	by Visa		958.00	
	crpm 1			
	2-24			

PAID

NOV 18 2003

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56795

Date: Oct 14, 20 03From: Camie Bahij Address: 5611 Waring Rd SD 92120
Forty Two & Dollars (\$ 42.00)

 in part Payment of pre need

 Lot 1868 Grave 1 Row _____ Section _____ Division 10 Block 10
Invoice No. E18055

Acct. No. _____

W.O. _____

BALANCE DUE 958.00NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THE SPACE**PAID****OCT 14 2003****MOUNT HOPE CEMETERY**ISSUED BY Ram Hetal

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID \$

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.



THE CITY OF SAN DIEGO

E-18055

**MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM
OF INTERMENT RIGHTS**

Date: Jan 26, 2007

I/We Linda Kashou

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Dr. Payton Cook

Street Address: 5282 Blue Gum

Apt / Unit #: _____

City: Las Vegas

ST: NV

Zip-Code: 89148

Telephone #: (619) 886-8569

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 10

Section: " "

Blk / Row: " "

Lot(s): 1868

Grave(s): _____

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this

29 day Jan 2007

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

WITNESS

[Signature]
Legal Owner Representative Signature

WITNESS

[Signature]
CEMETERY REPRESENTATIVE NAME

Legal Owner Representative Signature

David Lugo
Cemetery Representative Signature



Mt. Hope Cemetery

Community Parks | Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400 • Fax (619) 527-3403

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept 25, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martha Chamness

In a Ash vault Funeral, date, time Thurs 10/2 11:00

Church, Chapel, Graveside Delivery Only; Clauson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 205 646 1451

will be applied and billed to undersigned.

Lot 200 Grave 14 Row _____ Section A Division/Block MAB

Grave space & Care Fund A 9387

Additional spaces and care fund (Center)

Opening/Closing & Setup **PAID** 110-

Burial Container 61-

Handling Fees 106-

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 50-

Sales taxes 4.73

Total Due 297.73

Paid receipt number R-54782 297.73

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature [Signature]
Address [Signature]
City [Signature] Zip Code _____
Telephone _____

09-25-03 P12:00 PAID

18056

Work Order # E

Invoice # _____

Acct. # _____

SEP-30-03 TUE 9:59 AM

805 640 8581
8056408581

FAX NO. 805 640 8581

2.

49:43

SD MT. HOPE CEMENTERY + 918056408581

001

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date APR 25 03

You are hereby authorized and instructed, subject to your rules and regulations, to enter the surname
of Martha Chamness ☒

no Ash vault

Final date, time Thurs 10/2 11:00

Church, Chapel, Graveyards

1. Harrison Meridian

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 200 Grave 14 Row _____ Section A Division/Block Mos

Grava spede & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Budget Constraints

Handling Fees

Flowchart vs.2003 - Marker setting for

Recording and filing fees

Sales Taxes

PAID

SEP 25 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 297.75

Paid receipt number R-56782 297-7

Balenco 0-10

I hereby certify I am the X NERINE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the informant in box 1
to hold under seal.

Signature of recorded holder of stock

09-25-03P12:00 PAID

18056

Work Order #

Invited #

AGM. ©

REF ID: A78621

This information is available in alternative formats upon request.

Clausen Funeral Home

E - 18056



316 EAST MATILAJA 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, prior to interment of the cremains. He may want to witness the interment. Telephone (805) 640-~~8825~~ or cell phone (805) 794-8581

Thank you.

805 640 8025


Chester C. Perry
Director

Encl.

E- 18056

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Martha	1B. MIDDLE Ellen	1C. LAST (FAMILY) Chamness	2. DATE OF BIRTH MONTH, DAY, YEAR 05/14/1918	3. DATE OF DEATH MONTH, DAY, YEAR 09/08/2003	4. SEX F
5A. CITY OF DEATH Ojai		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Ventura		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Arthur Timothy Foy - Nephew 361 Avenida de la Vereda Ojai, CA 93023	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Clausen Funeral Home 316 E. Matilija St. Ojai, CA 93023		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD731		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/16/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED JE Davis 09/16/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 67473
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 2240 E. Gonzales Road, Suite 150 Oxnard, CA 93036		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego Co. Health Dept. P.O. Box 85222, San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|---|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input checked="" type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|---|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 10-2-3	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Ivy Lawn Cemetery 5400 Valentine Road, Ventura, CA 93003	12B. DATE CREMATED 9/17/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Pham ners				
			x	Hazel		
		necker		william		

Blind Check Initiated By: Pam Date: 9/30

Interment space for: Maudha Chamness

Interment Date: Thurs 10/2 Time: 11:00

Div: Has Sect: A Blk/Row: _____ Lot: 200 Gr: 14

Grave Laid out by: Norman Ferne

Agrees with Legal Card: ☐ Yes ☐ No *lag m.*

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT Need

Date 9-25-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Patrick D. Franklin 227139

In a Liner Funeral, date, time Friday Oct 3 11:00

Church, Chapel Graveside : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 102 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund _____

Opening/Closing & Setup PAID 443.00

Burial Container 209.00

Handling Fees OCT 01 2003 162.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETERY 50.00
CITY OF SAN DIEGO, CA

Sales taxes 16.20

Total Due 1833.20

Paid receipt number 256747 1833.20

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

X _____
Signature
X _____
Address
X _____
City
X _____
Telephone

Pauline

18057

Invoice # _____

Acct. # _____

Work Order # E

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT Need

Date 9-25-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patrick D. Franklin

In a Liner Funeral, date, time Friday Oct 3 11:00
 Church, Chapel, Graceland : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
 will be applied and billed to undersigned.

Lot 102 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 985.00

Additional space and care fund

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 162.00

Flower vases - Marker setting fee

Recording and filing fee 50.00

Sales taxes 16.20

Total Due 1835.20

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
 held under deed.

Mrs. Rita Miles Carter
 Signature of record holder of deed

Mrs. Rita Miles - Carter

7018 Y2, 43 # B

San Diego, Ca 92105

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E

18057

Handwritten notes:
 Pickin' full
 9/25/03

MT HOPE CEMETERY E - 18057

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

					REID	EARLY
	ELUS	GARLAND	X			EPPEL

Blind Check Initiated By: Paulette Date: 9/30

Interment space for: Patrick Franklin

Interment Date: 10/3/03 Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: Lot: 102 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 10-2-03

Flag on grave

E-18057

23

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Patrick	1B. MIDDLE O.	1C. LAST (FAMILY) Franklin	2. DATE OF BIRTH MONTH DAY YEAR 02/17/1980	3. DATE OF DEATH MONTH DAY YEAR 09/24/2003	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rita Miles-Carter-Mother 4018 1/2 43RD St. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE Fd-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 09/26/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/26/2003 J. Benyard	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315983
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records-P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-3-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-03

AT Deced
In the grave
of Nadine Tischler

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Doris Jean Lang

In a Ash Vault Funeral, date, time Tues. Sept. 30th 1:00

Church, Chapel, Graveside Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 2 Grave 7 Row — Section 3 Division/Block 12

Grave space & Care Fund D-7816 Top (R)

Additional spaces and care fund —

Opening/Closing & Setup 116.00

Burial Container 64.00

Handling Fees 66.00

Flower vases Marker setting fee PC 85.85

Recording and filing fee 50.00

Sales taxes 4.73

Total Due 297.73

Paid receipt number R-56724 323.58

Balance due 0

I hereby certify I am the daughter-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Doris Tischler Lang
Signature
12038 Cielo de Leon #71
Address
El Cajon, CA 92019
City
619-660-8326
Telephone
Zip Code

Reuter

18058

Work Order # E

Invoice #

Acct. #

MT HOPE CEMETERY E 18058

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Wilham	Boren		
		Wagner	X		Esper	Jones

Blind Check Initiated By: Paullette C. Date: 9/29/03

Interment space for: Doris Jean Lang

Interment Date: 09/30/03 Time: 1:00 Chapel

Div: 12 Sect: 3 Blk/Row: _____ Lot: 2 Gr: 7

Grave Laid out by: NORMAN FOREUSON

Agrees with Legal Card: ☒ Yes ☐ No


Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: David Niziger Date: 9-29-03

Flag on Stone

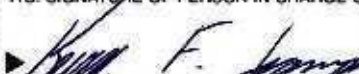
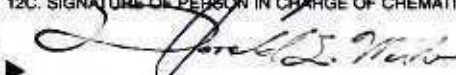
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DORIS	1B. MIDDLE JEAN	1C. LAST (FAMILY) LANG	2. DATE OF BIRTH MONTH DAY YEAR 07/05/1933	3. DATE OF DEATH MONTH DAY YEAR 09/23/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN K. LANG — SON 12038 CALLE DE LEON, UNIT 71 EL CAJON, CA 92019	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533			7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD941		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code		8A. SIGNATURE OF APPLICANT—Person taking permit 		8B. DATE SIGNED 09/25/2003	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED Grant K. Conrad 09/25/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2315948
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONOR'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)
--	---

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-30-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 CYSLER AVENUE COSTA MESA, CA 92626	12B. DATE CREMATED: SEP 29 2003	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept. 26, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Howard Cuts

In a _____ Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 31 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 985.-

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
MAR 14 2005
Paid in full
3/14/05

Total 985.-
Paid receipt number 26726 296.-

Balance due 739.-

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Pam

Howard Cuts
Address 2038 Alta View Dr.
San Diego Ca 92139
Zip Code

Telephone _____

Work Order # E 18059

Invoice # _____

Acct. # _____

CUTTS, HOWARD 2038 ALTA VIEW DR SD 92139

		DEBIT	CREDIT	BALANCE
09-25-03	Opened pre-need lot w/ 25 % down	985.00		
	R-56726		246.00	739.00
09-25-03	R-56727		28.00	711.00
11-21-03	56927		122.00	649.00
12-17-03	57013		31.00	618.00
1-16-04	57100		31.00	587.00
2-5-04	57142		31.00	556.00
3-18-04	R-57334		31.00	525.00
4-22-04	57471		31.00	494.00
5-20-04	57570		31.00	463.00
6-17-04	57669		31.00	432.00
7-27-04	57830		31.00	401.00
8-27-04	57946		62.00	339.00
10-12-04	58118		62.00	277.00
12-3-04	58279		31.00	246.00
01-2-05	58451		31.00	215.00
02-28-05	58560		31.00	184.00
3-14-05	58621		181.00	3.00

Div. 12 Sec. 2 Lot 31 q. 9

1 + 2

4

5

6

7

NO Coupons

9

10

11 + 12

13 + 14

15

16

17

18 - 24

Paid in full
03/14/05

3.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56726

MOUNT HOPE CEMETERY

(619) 527-3400

From: Howard Cutts Address: 2038 Alta View dr. #0 92139 Date: Sept 26, 2003
Two Hundred Forty Six Dollars (\$ 246.00)
 in part Payment of pre need
 Lot 31 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. E18059
 Acct. No. _____
 W.O. _____
 BALANCE DUE 739.00

 NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

 ISSUED BY Pam Hefel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>246</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>246</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56727

From: Howard Cutts Address: 238 Altaville dr 80 92139
Twenty Eight Dollars (\$ 28.00)
 in ~~cash~~ Payment of pre-need
 Lot 31 Grave _____ Row _____ Section 2 Division Block 12

Invoice No. E18059

Acct. No. _____

W.O. _____

BALANCE DUE 707.00711.00Pre-Need Lot ☒ At Need ☐ On Acct. ☐Pre-need Trust ☐ Cash ☐ Check ☒NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE

ISSUED BY

Ram Hefzel

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

28 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57013

MOUNT HOPE CEMETERY

(619) 527-3400

 From: Howard Cutts Address: 2038 Alta Vista Dr SD 92139 Date: Dec-17, 2003
 Dollars (\$ 31.00)

 in part Payment of pre need
 Lot 31 Grave 9 Row _____ Section 2 Division Block 12
Invoice No. E 18059

Acct. No. _____

W.O. _____

BALANCE DUE 418.00Pre-Need Lg ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

DEC 17 2003

MOUNT HOPE CEMETERY

ISSUED BY Tamara

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	31	00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	31	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57334

MOUNT HOPE CEMETERY

(619) 527-3400

E-18059

Date: March 18, 20 04From: Howard Cutts Jr. Address: 2038 Alta View Dr., S.D. Ca 92139Eighty - Seven and 00 Dollars (\$ 87.00)in part Payment of (3) pre-needs on lot locationsLot 59, 31, 31 Grave 6, 10, 9 Row — Section 2 Division 12Invoice No. E-17609, E-1760Acct. No. E-18059W.O. —BALANCE DUE \$ 307.00\$ 525.00 \$ 307.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR REFUND UNLESS
STAMPED "PAID" WITH THIS DATE**PAID**

MAR 18 2004

MOUNT HOPE CEMETERY

ISSUED BY

Paulette C.

8105

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	87.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 87.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57669

 From: Howard Cutts Address: 2038 Alta Vista Dr. SD 92139 Date: June 17, 2004
 Dollars (\$) 87.00

 In paid Payment of pre-need
 Div 12 Sec 9 Blk/Row _____ Lot 31/39 Grave 9, 10 + 16
Invoice No. E 17609Acct. No. 17610W.O. 18059BALANCE DUE 283-283,
432-NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JUN 17 2004

MOUNT HOPE CEMETERY
ISSUED BY [Signature]Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

87	00
87	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E 18059

58118

Date: Oct. 12, 2004

From: MR. Howard J. Curtis Sr. Address: 2038 Alta View Dr. SD CA 92139

One Hundred Seventy-four and 00/100 Dollars (\$ 174.00)

in part Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row Lot 31 & 39 Grave 6, 9, 10

Invoice No. E-17609, 17610,

Acct. No. E-18059

W.O.

BALANCE DUE Various

 NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.

PAID

OCT 12 2004

MOUNT HOPE CEMETERY

ISSUED BY

[Signature: Howard J. Curtis Sr.]

CREDIT	67007	112.00
20% Sales Care	77184	
80% Sales	100	62.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

174.00

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

7933

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-18059

58279

12-03-04 09:29 PAID

Date: _____, 20__

 From: Howard Cutts Address: 2038 Alta View Dr.
eighty-seven 980 Dollars (\$ 87.00)
 in part Payment of pre-need lots
 Div 12 Sec 2 Blk/Row _____ Lot 39, 31 Grave 9, 10, 6
Invoice No. E-17609, 17610, 18059NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

DEC - 3 2004

MOUNT HOPE CEMETERY

ISSUED BY

M. Villegas

Acct. No. _____

W.O. _____

BALANCE DUE 55.00 / 55.00
246.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒7972

AG-212 (Rev. 4-04)

This information is available in alternative formats upon request.

CREDIT	67007		
20% Sales Care	77184	<u>56</u>	<u>00</u>
80% Sales	100	<u>31</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>87</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57471

 Date: April 22, 20 04
 From: Howard Cutts Address: 2038 Alta View Dr. 80 92139
 Dollars (\$ 87.00)

 in part Payment of pre-need
 Div 12 Sec 2 Bk/ Row 31/39 Grave 10/619
Invoice No. E17609Acct. No. E17610W.O. E18059BALANCE DUE 279-279-494.-NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

APR 22 2004

MOUNT HOPE CEMETERY

ISSUED BY

Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	87 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

87 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept 26, 03

AT ned
Total of 12 CHAIRS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Phil~~ Felipe Serrano

In a Ciner Funeral, date, time Sept. 9/30 11:00

Church, Chapel, Graveside 20 Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 3.00 will be applied and billed to undersigned.

Lot 157 Grave 8 Row Section 2 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund

Opening/Closing & Setup 43-

Burial Container 209-

Handling Fees 100-

Flower vases - Marker setting fee .80

Recording and filing fee 50-

Sales taxes 16.00

PAID
SEP 30 2003
MT. HOPE CEMETERY
CITY OF SAN DIEGO

Paid receipt number R-56738

Balance due 0

I hereby certify I am the Xma dre of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Luisa
X Luisa Jimenez
27 19th Street
SAN DIEGO CA - 92102
(619) 236-7935

18060

Work Order # E

Invoice #

Acct. #

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.

	Taylor			Row	Hana	
			X			
				Ashe		

Blind Check Initiated By: Pam Date: 9/86

Interment space for: Felipe Segura

Interment Date: Tues 9/30 Time: 11:00

Div: 12 Sect: 2 Blk/Row: Lot: 157 Gr: 8

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No plagiar

Agrees with Map: ☒ Yes ☐ No grave

Blind Check & Verified By: Andi Navajo Date: 9-29-03

E-18060

23

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) FELIPE	1B. MIDDLE -	1C. LAST (FAMILY) SEGURA	2. DATE OF BIRTH MONTH, DAY, YEAR 07/10/1980	3. DATE OF DEATH MONTH, DAY, YEAR 09/21/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LUISA JIMENEZ—MOTHER 27 19TH ST. SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Joseph Lemmon Jr.</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 09/29/2003	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 09/29/2003 J. LEMON JR.	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316061
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ST. JOSEPH CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-30-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. Lemmon</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date Sept 29 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James Stewart 227135

in a TS Vault Funeral, date, time Wed 10/1 1:00

Church, Chapel, Grave, Glenn Abbey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned. 3:00

Lot 81 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 985-

Additional spaces and care fund 413-

Opening/Closing & Setup 275-

Burial Container 204-

Handling Fees PAID

Flower vases - Marker setting fee SFP 70 000

Recording and filing fee 50-

Sales taxes MT. HOPE CEMETERY

..... CITY OF SAN DIEGO

Total Due 1948.31

Paid receipt number R 56733 1948.31

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature 1254 Jade Cove Ct.

San Diego, CA 92154

City 619-671-7885 Zip Code

Telephone

09-29-03P03:13 PAID

18061

Work Order # E

Invoice # _____

Acct. # _____



DEPARTMENT OF VETERANS AFFAIRS

Regional Office
(1-800-827-1000)
8810 Rio San Diego Drive
San Diego CA 92108

E-18061

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-18061

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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)		202		
	Young		X			
		triple				

Blind Check Initiated By: Don Date: 9/04

Interment space for: James Stewart

Interment Date: Wed 10/1 Time: 1:00

Div: 17 Sect: 2 Blk/Row: Lot: 81 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: 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) JAMES		1B. MIDDLE ANTHONY	1C. LAST (FAMILY) STEWART	2. DATE OF BIRTH MONTH DAY YEAR 02/01/1946	3. DATE OF DEATH MONTH DAY YEAR 09/25/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JANISE STEWART-HEGGS - DAUGHTER 1254 JADE COVE COURT SAN DIEGO, CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GLEN ARBRY MORTUARY 3838 BONITA ROAD BONITA CA 91902		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1371		8A. SIGNATURE OF APPLICANT—Person taking permit <i>C. Gonzalez</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/29/2003				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED C. GONZALEZ 09/29/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316053
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186 5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-1-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>K. F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept 29, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfredo Espitia 227133

In a TS Vault Funeral, date, time Wed 10/1 9:00

Church Chapel, Graveside Guadalupe Mortuary.

All Funeral cars must arrive before 8:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned.

Lot 192 Grave 60 Row Section 2 Division/Block 12

Grave space & Care Fund 985

Additional spaces and care fund 413

Opening/Closing & Setup PAID 275

Burial Container 204

Handling Fees SEP 29 2003

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 50

Sales taxes 21.31

Mortuary to pay Total Due 1948.31

Paid receipt number 256737 1948.31

Balance due 0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

09-29-03P03:20 PAID

JOSE ESPITA
622 E 3rd Ave
Escondido CA 92025
760 532-8384
Zip Code
Telephone

Invoice #

Acct. #

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.

			Jack			
	Moza		x		Hearn	
				Lee		

Blind Check Initiated By: Pan Date: 9/29

Interment space for: Alfredo Espitia

Interment Date: Wed 10/1 Time: 9:00

Div: 12 Sect: 2 Blk/Row: Lot: 142 Gr: 10

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DAVID Date: 9-29-03

flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ALFREDO	1B. MIDDLE —	1C. LAST (FAMILY) ESPIRITA-LOYA	2. DATE OF BIRTH MONTH DAY YEAR 06/04/1938	3. DATE OF DEATH MONTH DAY YEAR 09/29/2003	4. SEX M
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HERMINIA ESPITIA-DAUGHTER 1335 EAST 18th ST. APT#C NATIONAL CITY, CA. 91950	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Seleene Chavez</i>	8B. DATE SIGNED 09/30/2003						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. </td> <td style="width: 33%;"> THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. </td> <td style="width: 33%;"> 9A. AMOUNT OF FEE PAID \$13.00 9B. DATE PERMIT ISSUED 09/30/2003 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SELENE CHAVEZ 2316164 </td> </tr> <tr> <td colspan="2"> 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222 </td> <td> 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA </td> </tr> </table>			PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00 9B. DATE PERMIT ISSUED 09/30/2003 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SELENE CHAVEZ 2316164	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00 9B. DATE PERMIT ISSUED 09/30/2003 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SELENE CHAVEZ 2316164						
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA						

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE </div> <div style="width: 48%;"> <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA </div> </div>	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 10-1-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 8/91)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

At Need

Date 9-29-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sula Mae Winston 227143

In a Lines Funeral, date, time Tues Oct 7th 10:00

Church, Chapel, Graveside ; Ragdale Mortuary.

All Funeral cars 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 2 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund —

Opening/Closing & Setup 443.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee DGT 02 2003

Recording and filing fee 50.00

Sales taxes 16.20

Total Due 1833.20

Paid receipt number R 54749 1833.20

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

10-02-03P01:54 PAID

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # E

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

At need

Date 9-29-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of

Lila Mae Winston

In a

Private

Funeral, date, time

Yours Oct 7th 10:00

Church, Chapel, Graveside

Ragsdale Mortuary

All Funeral cases must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 53 Grave 4 Row — Section 2 Division/Block 12Grave space & Care Fund 985.00Additional spaces and care fund —Opening/Closing & Setup 43.00Burial Container 209.00Handling Fees 160.00Flower vases - Marker setting fee —Recording and filing fee 50.00Sales taxes 16.20Total Due 1833.20Paid receipt number —Balance due —

I hereby certify I am the — of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recipient (holder of deed)

Paullette

18063

Work Order #

E

Invoice #

Acct. #

SEA-104 (7-88)

This information is available in alternative formats upon request.

X Lila Mae Miller

246 Euclid Avenue #H

San Diego, CA 92114

(619) 263-9423

City

Zip Code

Check sent
10/01/2003

MT HOPE CEMETERY

E-18063

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Jordan		Broken			
	Maryhill	Penton	X	Denny	Freeland	

Blind Check Initiated By: Paullette C. Date: 10/7/03

Interment space for: Lula Mae Winston

Interment Date: 10/07/03 Time: 10.00 graveside

Div: 12 Sect: 2 Blk/Row: Lot: 53 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C. Dawson Date: 10-6-03

Flag on Grave

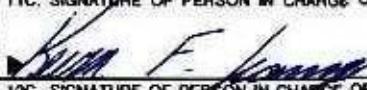

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Lula	1B. MIDDLE Mae	1C. LAST (FAMILY) Winston	2. DATE OF BIRTH MONTH, DAY, YEAR 01/27/1914	3. DATE OF DEATH MONTH, DAY, YEAR 09/28/2003	4. SEX F
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lola Mae Miller, Friend 246 Euclid Avenue, Apt. H San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED 09/30/2003		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID 13.00		9B. DATE PERMIT ISSUED 09/30/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10-7-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-30-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christine McFalls 227137

In a Linex Funeral, date, time Fri Day Oct 3rd 11:00
Type of Burial Container OK B.D. Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

PC 98 PC 98
Lot 6 Grave 98-6 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 985.00

Additional spaces and care fund PAID

Opening/Closing & Setup 413.00

Burial Container SEP 30 2003 209.00

Handling Fees 160.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 50.00

Sales taxes 16.20

Total Due 1833.20

Paid receipt number R-56742 1833.20

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

09-30-03P03:49 PAID

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Invoice #

Acct. #

Work Order # E

18064

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-30-03

You are hereby authorized and instructed, subject to your rules and regulations, to litter the remains

2

Christine McFall

In a

Line 1

Funeral, date, time

Friday Oct 3rd 11:0

Church, Charles, Grayson

३५

~~Handwritten signature~~

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 6 Grave 98 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 985.00

Additional space and care fund Small extra fund to cover additional space and care costs. This fund is used to cover the cost of additional space and care costs for the dog.

Opening/Closing & Setup

burial container

Handling Fees **104.00**

Flower years - Marker setting fee \$100.00

Recording and filing fee 50.00

Sales turns 16.20

Total Due 1233.22

Paid receipt number _____

Balance due _____

I hereby certify I am the adopted daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the informant in the
 body under said.

Handwritten signature: *Handwritten signature*

RESEARCH ON THE HISTORY OF THE

x Blissie J. Robinson

2310 Blackton Dr.

San Diego, CA 921

6619 263-5046

Paulette

18064

Work Order # _____

Invoice # _____

Add. 9 _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18064

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Morrow			
Kirkpatrick	White	Thomas	x	McFalls		

Blind Check Initiated By: Paulette Date: 9-30

Interment space for: Christine Mc Falls

Interment Date: Friday 10/3 Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: — Lot: 98 Gr: 6

Grave Laid out by: Norman Perry

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKE Date: 9-30-03

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) CHRISTINE	1B. MIDDLE PEARL	1C. LAST (FAMILY) McFALLS	2. DATE OF BIRTH MONTH DAY YEAR 02/09/1909	3. DATE OF DEATH MONTH DAY YEAR 09/27/2003	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		6B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BERNICE ROBINSON—DAUGHTER 2310 BLACKTON DR. SAN DIEGO, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Joseph Robinson Jr.</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 10/01/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA P.O. BOX 83222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/02/2003 J. LEMON JR.	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316259
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS: <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)</td> <td><input type="checkbox"/> E. TEMPORARY ENVAULTMENT</td> </tr> <tr> <td><input type="checkbox"/> B. CREMATION</td> <td><input type="checkbox"/> F. DISINTERMENT</td> </tr> <tr> <td><input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY</td> <td><input type="checkbox"/> G. SHIP IN TO CALIFORNIA</td> </tr> <tr> <td><input type="checkbox"/> D. SCIENTIFIC USE</td> <td><input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA</td> </tr> </table>	<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT								
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT								
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA								
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA								

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. ROSE CEMETERY 1751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-3-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date Sept 30, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lizzie Mayes 227141
in a DO crypt Funeral, date, time Jul 10/3 1:30
Church, Chapel, Grave side Ragsdale Mortuary.
All Funeral cars must arrive before 2:00 p.m. on regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. Rich

Lot 223 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 085-

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413-

Burial Container _____ 418-

Handling Fees _____ 352-

Flower vases - Marker setting _____

Recording and filing fee _____ 50-

Sales taxes _____ 32.40

Total Due _____ 2250.40

Paid receipt number HIC 2250.40

Balance due 0

I hereby certify I am the THURMID of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recipient holder of deed _____

Lerry Mayes
3640 HURCH WARD ST
SAN DIEGO, CA 92114
(619) 262 6789

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 18065

MT HOPE CEMETERY E-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.

	Smith					free
			x			King
		Harver				

Blind Check Initiated By: Pam Date: 9/29

Interment space for: Lizzie Mayes

Interment Date: Fri 10/3 Time: 1:30

Div: 12 Sect: 2 Blk/Row: 3 Lot: 223 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. C. Carter Date: 11/1/03

flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Lizzie		1B. MIDDLE Mae	1C. LAST (FAMILY) Mayes	2. DATE OF BIRTH MONTH, DAY, YEAR 10/25/1926	3. DATE OF DEATH MONTH, DAY, YEAR 09/26/2003	4. SEX F
5A. CITY OF DEATH San Diego		6B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Levy Mayes, Husband 5640 Churchward Street San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 09/29/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <div style="text-align: center; font-size: 1.2em;">13.00</div>	9B. DATE PERMIT ISSUED 09/30/2003 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <div style="text-align: center; font-size: 1.2em;">2316112</div>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED <div style="text-align: center; font-size: 1.2em;">10 3 03</div>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9/30/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Elmira A. Nagyeru 227125

In a T.S. Vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 26 Grave 4 Row _____ Section T Division/Block MAS

Grave space & Care Fund E-16553 0

Additional spaces and care fund _____

Opening/Closing & Setup 413.00

Burial Container 275.00

Handling Fees 204.00

Flower vases - Marker setting fee _____

Recording and filing fee 50.00

Sales taxes 21.31

Total Due 963.31

Paid receipt number R-56740 241.00

Balance due 722.31

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

ELMIRA A. NAGYERU HAWAII 227125
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Paullette 18066

Signature _____
Address 2777 Belden St #30
City San Diego CA 92111
Telephone (858) 277-6685

Zip Code _____

Work Order # E Invoice # _____

Acct. # _____

E-18066

Track Your Expenses...

TAX DEDUCTIBLE ITEM ☐

- | | | |
|--|--|---|
| <input type="checkbox"/> Mortgage / Rent | <input type="checkbox"/> Transportation | <input type="checkbox"/> Entertainment & Travel |
| <input type="checkbox"/> Gas / Electric | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Medical / Dental |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Taxes | <input type="checkbox"/> Dependent Care |
| <input type="checkbox"/> Food | <input type="checkbox"/> Insurance (Life, Home, Auto) | <input type="checkbox"/> Savings & Investment |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Home Improvement (Maintenance, Repairs) | <input type="checkbox"/> Other _____ |

DO NOT USE
FOR REORDERING

688

0410104

BAL.
FOR'DTHIS
PAYMENT

BALANCE

OTHER

BAL.
FOR'D

50.10

...Here's How:

- Carry balance forward
- Check type of expense
- Add details on memo line
- Retain duplicates in Deluxe Check book

Memo _____

1:3222215781

967000008 0588

NOT NEGOTIABLE

E-18066



OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56897

MOUNT HOPE CEMETERY

(619) 527-3400

From: E. Paggiyeva Address: 7777 Belden St #30 SD 92111 Date: Nov. 14, 20 03
Thirty \$100/100 Dollars (\$ 30.10)
 in part Payment of pye - mud
 Lot 26 Grave 4 Row _____ Section T Division Block Moss

Invoice No. E18066

Acct. No. _____

W.O. _____

BALANCE DUE 1082.21Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

NOV 14 2003

MOUNT HOPE CEMETERYISSUED BY Jan Hatzel

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

30	10
30	10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56988

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Dec 9, 2003From: Elmira Negyivan Address: 777 Belden St #30 SD 92111Dollars (\$ 30.10)in paid Payment of pre need
 Lot 26 Grave 4 Row _____ Section T Division Block MABInvoice No. E18066

Acct. No. _____

W.O. _____

BALANCE DUE 662.11NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

DEC 09 2003

MOUNT HOPE CEMETERY

ISSUED BY Jan T. [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>30</u>	<u>10</u>
Trust	77186		
Sales Tax	60101		
	78390	<u>30</u>	<u>10</u>

TOTAL PAID

\$

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57059

Date: Jan. 6, 2004
 From: Elmura A. Naguyeva Address: on record
thirty and 6/100 Dollars (\$ 30¹⁰)

 in part Payment of Pre-need trust
 lot 26 Grave 4 Row _____ Section T Division MAS
Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE \$632.01Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

647

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE

JAN 07 2004

MOUNT HOPE CEMETERY

ISSUED BY

Paul Stee

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	<u>30.10</u>
Sales Tax	60101	
	78390	

TOTAL PAID \$ 30.10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57198

MOUNT HOPE CEMETERY

(619) 527-3400

 Date: Feb 10, 20 04
 From: E. Nagiyeva Address: 7777 Beldon St #30 SD 92111
 Dollars (\$ 30.11)

 "in part Payment of 4 pr need
 Lot 26 Grave 4 Row _____ Section T Division Block Mas
Invoice No. E 18066

Acct. No. _____

W.O. _____

BALANCE DUE 6001.91NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

FEB 10 2004

MOUNT HOPE CEMETERY

ISSUED BY Jan Hefel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	30	10
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 30 10Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒654

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57302

MOUNT HOPE CEMETERY

(619) 527-3400

 Date: March 9, 20 04
 From: Elmira Nagizova Address: 7777 Beldon St #30 SD 92111
 Dollars (\$ 30.10)

 in part Payment of pre need
 Lot 20 Grave 4 Row _____ Section T Division Masm
Invoice No. E18066

Acct. No. _____

W.O. _____

BALANCE DUE 571.81NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAR 09 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	30 10
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 30 10Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57404

 From: Elmira Nagiyeva Address: 7777 Belden St #30 80 92111 Date: April 6, 2004
 Dollars (\$ 30.10)

 in part Payment of pre-need
 Lot 26 Grave 4 Row _____ Section T Division Mag
Invoice No. E 18066

Acct. No. _____

W.O. _____

BALANCE DUE 541.71NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

APR 06 2004

MOUNT HOPE CEMETERY

ISSUED BY

Pam Hetzel

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

30 1030 10

TOTAL PAID \$

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57524

 Date: May 6, 20 04
 From: E. Nagiyeva Address: 7777 Belden St 30 80 92111
 Dollars (\$ 30.10)

 in part Payment of pre-need
 Div Mas Sec T Blk/ Row 26 Grave 4
Invoice No. E 18066

Acct. No. _____

W.O. _____

BALANCE DUE 511.41NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

MAY 06 2004

MOUNT HOPE CEMETERY

ISSUED BY

Pam Heibel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>30</u>	<u>10</u>
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID

\$

30 10Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57635

 From: Elmisa Nagiyeva Address: 7777 Belden St #30 80 92/14
 Date: June 8, 20 04
 Dollars (\$) 30.10

 in part Payment of T up need
 Div Mason Sec T Blk/Row 24 Lot 24 Grave 4
Invoice No. E18066

Acct. No. _____

W.O. _____

BALANCE DUE 481.51NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID IN THIS FEE"**PAID**

JUN 08 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		

30 1020 10

TOTAL PAID

\$

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57825

From:

Elmira Nazaryan

Address:

7777 Bolder St. # 30 SD 92111

Date:

July 21

20

04

Dollars (\$ 30.10)

in part Payment of

Div

Mason

Sec

1 pre-need

Blk/
Row

Lot

26

Grave

4

Invoice No.

E1806C

Acct. No.

W.O.

BALANCE DUE

451.41

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

JUL 21 2004

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

MOUNT HOPE CEMETERY

ISSUED BY

Kam Habel

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	77186
Sales Tax	60101
	78390

30 10

TOTAL PAID

\$

30 10

AC-212 (Rev. 4-04)

This information is available in alternative format upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57863

 From: Elmira Nagiyeva Address: 7777 Belden PK #30 20 92111 Date: Aug 4, 20 04
Dollars (\$ 30.10)
 in part Payment of pre need
 Div Mason Sec T Blk/Row 26 Grave 4
Invoice No. E18066

Acct. No. _____

W.O. _____

BALANCE DUE 421.31NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

AUG 04 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>30.10</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 30.10Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AG-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57985

From: Elimara A. Nagyer Address: on record Date: September 8, 20 04
thirty and 10 Dollars (\$ 30.10)
 in part Payment of Pre-need trust
 Div MAS Sec T Blk/Row 26 Grave 4

Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE \$ 391.21Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

688

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

SEP 08 2004

MOUNT HOPE CEMETERY

ISSUED BY

P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	30.10
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 30.10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58106

From: Elmira A. Naguyeva Address: On record Date: October 7, 2004
Thirty and 00/100 Dollars (\$ 30.10)
 in part Payment of pre-need trust
 Div MAS Sec T Blk/Row _____ Lot 26 Grave 4

Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE \$301.11Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

723

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

OCT 07 2004

MOUNT HOPE CEMETERY

ISSUED BY

paramford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	30	10
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID

\$

30.10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58189

 Date: Nov. 2, 20 04
 From: Elmira Nagiyeva Address: 7777 Belden St. D.D. CA 92102
thirty 100 Dollars (\$ 30 10)

 in part Payment of _____
 Div Mas. Sec T Blk/Row _____ Lot 26 Grave 4
Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE 331.01NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

NOV 02 2004

MOUNT HOPE CEMETERY

ISSUED BY

M. Villegas

728

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
		30	10

TOTAL PAID

\$

30 10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58288

Date: December 3, 2004From: Elmira Nagiyeva Address: 7777 Belden St. S.D. 92111
thirty Dollars (\$ 30¹⁰)

 in part Payment of pre-need trust
 Div Mas Sec T Blk/Row _____ Lot 26 Grave 4
Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE 300⁹¹NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

DEC - 3 2004

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

737

MOUNT HOPE CEMETERY

ISSUED BY M. Vulegas

CREDIT	76007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>30 10</u>
Trust	77186	
Sales Tax	80101	
	78390	

TOTAL PAID \$ 30 10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58381

From: Elmira Nagiyeva Address: 7777 Belden Ave. #30 S.D. Date: Jan. 4, 20 05
thirty 100 Dollars (\$ 30¹⁰)
 in part Payment of pre-need trust
 Div MAS Sec T Blk/Row _____ Lot 26 Grave 4

Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE 270⁸¹Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

745

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID IN FULL"**PAID**

JAN - 4 2005

MOUNT HOPE CEMETERY

ISSUED BY

m. vllegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
		30	10

TOTAL PAID \$ 30 10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58466

Date: 2-3-05, 20 05From: Elmira A Nagiyeva Address: 7777 Belden St Apt 30Thirty dollars 10 Dollars (\$ 30.10)in Part Payment of Pre-need trustDiv Mas Sec T Blk/Row 26 Grave 4Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE \$240.71Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒# 104

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

FEB 02 2005

MOUNT HOPE CEMETERY

ISSUED BY

Sandra

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	83033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

30 10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58597

From: E. Mrazuera Date: 3/8, 20 05
Shirley and 10/00 Address: on record
 in part Payment of Pre-need Trust. Dollars (\$ 30.10)
 Div MAS Sec T Blk/Row _____ Lot 26 Grave 4

Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE \$ 210.61Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

110

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAR - 8 2005

MOUNT HOPE CEMETERY

ISSUED BY

Prater

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Bural	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>30 10</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

30 10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58693

 From: ELMIRA A. NAGIYEVA Address: ON RECORD Date: 4/1, 2005

 - in part Payment of Pre-need trust Dollars (\$ 30.10)
 Div MAS Sec 1 Blk/Row _____ Lot 26 Grave 4
- Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE \$ 180.91Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

APR 01 2005

MOUNT HOPE CEMETERY

ISSUED BY

P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	77186	
Sales Tax	60101	
	78390	
		<u>30.10</u>
		<u>30.10</u>

TOTAL PAID

\$

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58807

Date: 5-5, 2005
 From: E. Nagiyeva Address: On record
Thirty and 10/100 Dollars (\$ 30.10)

 in Part Payment of Pre need trust.
 Div MAS Sec T Blk/Row _____ Lot 26 Grave 4
Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE \$ 150.41NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

MAY 05 2005

 Pre-Need ☒ At Need ☐ On Acct ☐
 Pre-need Trust ☒ Cash ☐ Check ☒

MOUNT HOPE CEMETERY

ISSUED BY Daniel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		

30 10

30 10

TOTAL PAID \$

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58915

Date: 6/7, 2005From: ELMIRA A. NAGIVERA Address: on record
Thirty and 10 Dollars (\$) 30.10

 in PART Payment of Pre-need trust account

 Div MAS Sec T Blk/Row _____ Lot 26 Grave 4
Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE \$120.31Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JUN - 6 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulotte C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
		<u>30.10</u>

TOTAL PAID \$ 30.10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59034

MOUNT HOPE CEMETERY

(619) 527-3400

 From: Elmira Nagiyeva Date: 7/7, 20 05
Thirty-and 10 Address: on record
 Dollars (\$) 30.10

 in part Payment of Pre-need trust.
 Div MAS Sec T Blk/Row 26 Grave 4
Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE \$90.21
 NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.

JUL 07 2005

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

30.10

TOTAL PAID

\$

30.10

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

59142

Date: 9/6, 20 05From: E. NagayevaAddress: for recordDollars (\$ 30.10)in partPayment of Pre-need trustDiv MASSec TBlk/
RowLot 26Grave 4-Invoice No. E-180666

Acct. No. _____

W.O. _____

BALANCE DUE \$ 30.01NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

SEP 06 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	87007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	77186
Sales Tax	60101
	78390

TOTAL PAID

\$

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59272

MOUNT HOPE CEMETERY

(619) 527-3400

Date: October 4, 20 05
 From: Elmora A. Naquerra Address: on record
thirty and 10/100 Dollars (\$ 30.10)

 in part Payment of Pre-need Trust account.
 Div Masonic Sec T Blk/Row _____ Lot 26 Grave 4
Invoice No. E-18066

Acct. No. _____

W.O. _____

BALANCE DUE \$00 (-09)Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

PAID

OCT - 4 2005

MOUNT HOPE CEMETERY

ISSUED BY

pcrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>30.10</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

30.10

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

59433

E-18066

 From: Elmora A. Neguyeva Address: on record Date: 8-4, 20 05
Thirty and 10 Dollars (\$ 30.10)

 in part Payment of Pre-need trust
 Dis MAS Sec T Blk/Row _____ Lot 26 Grave 4
Invoice No. E-19036

Acct. No. _____

W.O. _____

BALANCE DUE \$ 60.11NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.
 PAID
 AUG 03 2005

MOUNT HOPE CEMETERY

ISSUED BY ScraggPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

143

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>30.10</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

30.10

227725

E-18066

Nagiyeva, Elmira A.

7777 Belden St. #30, San Diego CA 92111 (858) 277-6685

		DEBIT	CREDIT	BALANCE
9/30/03	Opened Pre-need trust acct.w/25% down R-56740. Div MAS Sec T LOT 26 GRAVE 4			963.31
			241.00	722.31
11-14	B R 56897		30.10	692.21
12-8	03 56988		30.10	662.11
1-6-04	R-57059		30.10	632.01
2-10	04 57198		30.10	601.91
3-9	04 57302		30.10	571.81
4-6	04 57404		30.10	541.71
5-6	04 57524		30.10	511.61
6-8	04 57635		30.10	481.51
7-21	04 57825		30.10	451.41
8-4	04 57863		30.10	421.31
9-8	04 57985		30.10	391.21
10/7/04	58106		30.10	361.11
11-2-04	58189		30.10	331.01
12-3-04	58288		30.10	300.91
1-4-05	58381		30.10	270.81
2-3-05	58466		30.10	240.71
3-8-05	58597		30.10	210.61
4-4-05	58693		30.10	180.51
	5		30.10	

coupon # 1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

5

MAS(T) Lot 26 Gr 4

E-18066

			Debit	Credit	Balance
forward Balance					180.51
5-5-05	R-58501			30.10	150.41
6-7-05	R-58915	Coupon #20		30.10	120.31
7-7-05	R-59034	" 21		30.10	90.21
8-4-05	R-59433	#22		30.10	60.11
9-6-05	R-59142	#23		30.10	30.01
10-14-05	R-59272	#24		30.10	-09
10/6/05 PA in full					

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/30/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of George A. Moore
in a Ciner Funeral, date, time Mon 10/6/03 1:00
Church Chapel Graveside Reepdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 4634 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413-

Burial Container _____ 204-

Handling Fees _____ 160-

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50-

Sales taxes _____ 16.20

PAID
OCT 02 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 848.20
Paid receipt number R56748 848.20

Balance due 0

I hereby certify I am the X of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

10-02-03P01:54 PAID

Work Order # E

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E 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.

		Smith		Green		
	my		x	Kerner	Nguyen	
	505			Werner		

Blind Check Initiated By: Ram Date: 9/30

Interment space for: George Moore

Interment Date: Mon 9/6 Time: 1:00

Div: 10 Sect: Blk/Row: Lot: 4634 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. [Signature] Date: 10/3/03

flag in grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) George	1B. MIDDLE -	1C. LAST (FAMILY) Moore	2. DATE OF BIRTH MONTH, DAY, YEAR 03/08/1915	3. DATE OF DEATH MONTH, DAY, YEAR 09/27/2003	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jonita M. Pierce, Niece 1030 Woodrow Avenue San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18676 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 10/01/2003		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 10/02/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10-6-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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

10/1/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of

Audrey Latham

In a

DO Crypt

Funeral, date, time

Sat 10/4/10:20

Church, Chapel, Gravestone

El Camino

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

34

Grave

5

Row

Section

0

Division/Block

MAS

Grave space & Care Fund

A 3141

Additional spaces and care fund

OT

Opening/Closing & Setup

Burial Container

PAID

Handling Fees

Flower vases - Marker setting fee

OCT 01 2003

Recording and filing fee

Sales taxes

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due

Paid receipt number

Balance due

I hereby certify I am the husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Ernest Latham

903 Sunset Cliffs Blvd.

San Diego CA. 92107-4244

619 225-9775

Telephone

Work Order #

E

Invoice #

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18668

E-18668

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		<u>Imperial Ave</u>			
	Lathan	x			
	Bridges		Buck		

Blind Check Initiated By: km Date: 10/1

Interment space for: Fudley Catham

Interment Date: Sat 10/4 Time: 10.00

Div: MAX Sect: 0 Blk/Row: Lot: 34 Gr: S

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins 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

1A. NAME OF DECEDENT—FIRST (GIVEN) AUDREY		1B. MIDDLE FLORENCE		1C. LAST (FAMILY) LATHAM		2. DATE OF BIRTH MONTH DAY YEAR 10/29/1926		3. DATE OF DEATH MONTH DAY YEAR 09/29/2003		4. SEX F	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ERNEST LATHAM - HUSBAND 903 SUNSET CLIFFS BLVD SAN DIEGO CA 92107					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ECM - PACIFIC BEACH CHAPEL 4710 CASS ST SAN DIEGO CA 92109				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-815		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 10/01/2003	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 10/01/2003 L CASTRO		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316243			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 10-4-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-1-03

At Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Angelina Gore 227 WILSON OCT 8 # 00

In a Liner Funeral, date, time THURS OCT 2

Church, Chapel, Graveside Delivery only Featherhill Mortuary Paul

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ Paul

will be applied and billed to undersigned.

Lot 1068 Grave 12 Row 12 Section 12 Division/Block 10

Grave space & Care Fund 1085.00

Additional spaces and care fund

Opening/Closing & Setup 413.00

Burial Container 22-+ 204.00

Handling Fees 11-+ 160.00

Flower vases - Marker setting fee —

Recording and filing fee 50.00

Sales taxes 1.71 + 16.20

Total Due 34.71 + 174.20

USCA 1977.91

Paid receipt number

Balance due 0

I hereby certify I am the X friend of the above named decedent and this is my authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

10-06-03A10:47 PAID

Sternik Schlotzma
Signature
11480 HINDAR DR
Address
San Diego CA 92126
City
858-599 8606
Telephone
Zip Code

Invoice #

Acct. #

Work Order # E

MT HOPE CEMETERY - 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.

		Groves	McIntire	Becker		
	Duison		X			
			McMuck			

Blind Check Initiated By: Pam Date: 10/6

Interment space for: Amelia Beal

Interment Date: Wed 10/8 Time: 1:00

Div: 10 Sect: Blk/Row: Lot: 1008 Gr: 1

Grave Laid out by: Dawn

Agrees with Legal Card: ☒ Yes ☐ No flag on

Agrees with Map: ☒ Yes ☐ No grave

Blind Check & Verified By: P. Daven Date: 10-7-03

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) Angelina		1B. MIDDLE -	1C. LAST (FAMILY) Gore	2. DATE OF BIRTH MONTH DAY YEAR 05/25/1963	3. DATE OF DEATH MONTH DAY YEAR 00/03/2003	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Renee Munoz, Sister 336 Park Ave., Roosevelt, NY 11575		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit 		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 10/07/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/07/2003 K. Zaretska	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316522
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|--|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 10 8 03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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 10/2/03

AT DEED
in the grave with Frank Yonekura

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Toyoko Yonekura

in a ASH Vault Funeral, date, time Wed Oct 8 10:00
Church Chapel, Graveside Community Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 4969 Grave _____ Row _____ Section _____ Division Block 10

Grave space & Care Fund E-7083 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 116.00

Burial Container ASH VAULT 61.00

Handling Fees OCT 02 2003 66.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 50.00

Sales taxes PC 4.73

Total Due 297.73

Paid receipt number m/c 297.73

Balance due 0

*ASHES TO BE
Placed in center
of grave*
SON

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Roy Yonekura
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Roy Yonekura
Signature
670 FORESTER LN
Address
BONITA CA 91902
City
(619) 482-0275
Telephone
Zip Code

Paullette

Work Order # E 18070

Invoice # _____

Acct. # _____

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.

		TS 431	Tommy Yonekura	Um	Dill	
		MONTERASTICE	X	HATIME Yonekura	Kuni Yonekura	Hatsho Yonekura

Blind Check Initiated By: Paukette Date: 10/8/03

Interment space for: Toyoko Yonekura

Interment Date: 10/8/03 Weds. Time: 10:00 Church

Div: 10 Sect: _____ Blk/Row: _____ Lot: 4969 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C. Danner Date: 10-6-03

Flag on grave

E-18070 9

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Toyoko		1B. MIDDLE		1C. LAST (FAMILY) Yonekura		2. DATE OF BIRTH MONTH DAY YEAR 07/19/1914		3. DATE OF DEATH MONTH DAY YEAR 10/01/2003		4. SEX F			
5A. CITY OF DEATH Chula Vista				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Roy Yonekura - Son 670 Forester Lane Bonita California 91902							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Community Mortuary 855 Broadway Chula Vista California 91911						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 10/02/2003	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 10/03/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316371 <i>[Signature]</i>			
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records San Diego County P.O. Box 85222 San Diego CA 9218605222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA							
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.													
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego California 92102				11B. DATE BURIED 10-8-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Crema Services Inc 2570 Fortune Way Vista CA 92083				12B. DATE CREMATED 10-4-03		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>					
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/2/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerry Hebbel

In a TS Vault Funeral, date, time June 10/7 10:00
Type of Burial Container Church, Chapel, Grave Murray Nichols Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 3.00 will be applied and billed to undersigned.

Lot 2450 Grave 1 Row E 109 71 Section 10 Division/Block 0

Grave space & Care Fund 0

Additional spaces and care fund 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number 0

Balance due 0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Wilson

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Murray Nichols
494 Camino De La Aldea
Santa Barbara 93111
(805) 683-1240 Zip Code
Telephone

Work Order # E 18071

Invoice # 0

Acct. # 0

MT HOPE CEMETERY

E-18071

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Brewinger		Allen		
		Hubbell	X	Jeffries		
	Adams				Darden	

Blind Check Initiated By: Pam Date: 10/2

Interment space for: Jerry Hubbell

Interment Date: Tues 10/7 Time: 10:00

Div: 10 Sect: Blk/Row: Lot: 24 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on

Agrees with Map: ☒ Yes ☐ No grave

Blind Check & Verified By: Don Jones Date: 10.6.08

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JERRY		1B. MIDDLE MILDRED		1C. LAST (FAMILY) HUBBELL		2. DATE OF BIRTH MONTH DAY YEAR 07/24/1918		3. DATE OF DEATH MONTH DAY YEAR 09/30/2003		4. SEX F	
5A. CITY OF DEATH EL CAJON				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERT HUBBELL - SON 8836 CORDIAL RD. EL CAJON, CA 92021					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Rose M Zullo</i>				8B. DATE SIGNED 10/03/2003	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 14376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 28/03/2003 R.M. ZULLO		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316353	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 5222 P.O. BOX 85222, SAN DIEGO, CA 92186-				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
FOR CORONER'S USE ONLY											
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102				11B. DATE BURIED 10-7-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/3/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Warren Nichols

in a Ash Vault Funeral, date, time Thurs 10/9 11:00
Church, Chapel, Graveside witness : Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 14 Grave 3 Row _____ Section 4 Division/Block 5

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 116-

Burial Container _____ 6-

Handling Fees _____ 66-

Flower vases - Marker setting fee OCT 0-3-2003 _____

Recording and filing fee _____ 50

Sales taxes _____ 4.73

MOUNT HOPE CEMETERY

Total Due _____ 297.73

Paid receipt number Visa 297.73

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed

10-03-03A11:10 PAID

18072

Work Order # E

Invoice # _____

Acct. # _____

10/03/2003

11:12

Children and Family Svc
SD MT. HOPE CEMETERY + 915302298288

530 229-8288

NO. 638

P. 2
002

Lot 14 Grave 3 Row _____ Section 4 Division/Block 5

Grave space & Care Fund _____

Additional space and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vase - Marker setting fee OCT 03 2003 _____

Recording and filing fee _____

Sales taxes _____

PAID

MOUNT HOPE CEMETERY

Total Due 297.73

Paid receipt number 1156

Balance due 0

I hereby certify I am the X Next of Kin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recording holder of deed

1D-03-03A11:10 PAID

X Shirley Michael
6961 Riverside Drive
Redding CA 96001
X 530-243-9056

18072

Work Order # E

Invoice # _____

Acct. # _____

NSA-104 (7-00)

This information is available in alternative formats upon request.

Center

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.

					Nichols	
	MASON		x	Nichols		
		Warren	Nichols			

9886-ES2

Blind Check Initiated By: Pam Date: 10/3

Interment space for: Warren Nichols

Interment Date: Thurs 10/9 Time: 11:00

Div: 5 Sect: 4 Blk/Row: Lot: 14 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Robert B Date: 10.01.03

220784

E-18072

75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Warren	1B. MIDDLE Mason	1C. LAST (FAMILY) Nichols	2. DATE OF BIRTH MONTH DAY YEAR 11/28/1927	3. DATE OF DEATH MONTH DAY YEAR 12/17/2002	4. SEX M
5A. CITY OF DEATH Laguna Beach		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Orange	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Shirley Nichols - Neice 227834 6961 Riverside Drive Redding, CA 96001		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Redding Cemetery 1201 Continental Street, Redding, CA 96001		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 06172	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Barbara Castello</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10374 of the Health and Safety Code, and was authorized pursuant to Section 100 of the Health and Safety Code.		8B. DATE SIGNED 10/02/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/03/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Allen Dep</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA County of Orange 1200 N. Main St, Suite 100-A Santa Ana, CA 92701	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego County Vital Records 3851 Rosecrans Street, San Diego, CA 92110		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
☐ B. CREMATION
☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
☐ D. SCIENTIFIC USE
☐ E. TEMPORARY ENVAULTMENT
☒ F. DISINTERMENT
☐ G. SHIP IN TO CALIFORNIA
☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)


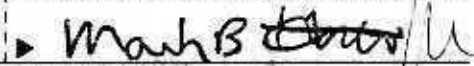

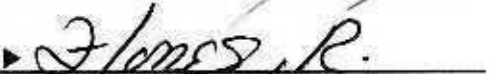
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 10 9 03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Lewis</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-18012

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Warren		1B. MIDDLE Mason		1C. LAST (FAMILY) Nichols		2. DATE OF BIRTH MONTH, DAY, YEAR 11/28/1927		3. DATE OF DEATH MONTH, DAY, YEAR 12/17/2002		4. SEX M	
5A. CITY OF DEATH Laguna Beach				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Orange		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Shirley Nichols - Niece 6961 Riverside Dr. Redding Ca. 96001					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Accord Cremation & Burial 535-c W. Lambert Rd., Brea Ca. 92821						7B. CALIF. LICENSE NUMBER —IF APPLICABLE Fd-1591		8A. SIGNATURE OF APPLICANT—Person taking permit 		8B. DATE SIGNED 12/19/2002	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED DEC 20 2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 234 Santa Ana Ca. 92702-0234				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 7600 Riverside Ca. 92513-7600					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS											
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY				11B. DATE BURIED 10-1-03		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Mascara Crematorium, 1020 N. Fuller St. Santa Ana Ca. 92701				12B. DATE CREMATED 1-13-03		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION Res: Shirley Nichols, 6961 Riverside Dr. Redding Ca. 96001				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-18072

Mt Hope Cemetery

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

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	O/C-Resident	Cremation Ash Grave	116.00	0.00		
1	OBC-Resident	HHH Standard Urn Vault	61.00	4.73		
1	Hndl Fee-Reside	Ash Vault Handling Fee	66.00	0.00		
1	Misc Fees	Recording Fee	50.00	0.00		

BASE PRICE	293.00	NUMBER OF INSTALLMENTS	1
SALES TAX	4.73	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	297.73	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	297.73 -	DATE FIRST PAYMENT DUE	11/03/2003
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		

SOURCE: Family Member Here

FINANCE CHARGE 0.00 @ 0.000% AMORTIZE

TOTAL OF PAYMENTS 0.00

DEFERRED PAYMENT PRICE 297.73

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R S Equity	293.00	
A Interest	0.00	
R S Tax Recovery	4.73	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

Transfer

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/8/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Clayborne

In a _____ Funeral, date, time _____

Church, Chapel, Grave, _____; _____ Mortuary.

All Funeral cars 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 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting _____

Recording and filing fee _____

Sales taxes _____

PAID

OCT 8 3 2003

MOUNT HOPE CEMETERY

transfer 50.00
From Girlene Garcia

Total Due 50.00

Paid receipt number R56752 50.00

Balance due 0

I hereby certify I am the X SELF of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X see notarized attached copy
Signature _____
Address 3060 53rd Street Apt. 11
City San Diego, CA 92105
Zip Code (619) 286-3677
Telephone _____

Pam Korte

18073

Work Order # **E** _____

Invoice # _____

Acct. # _____



E-18073

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM
OF INTERMENT RIGHTS

Date: September 30, 2003I/We GIRLENE GARCIA

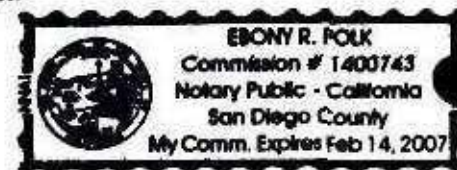
DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO DOROTHY L. CLAYBORNEStreet Address: 3060 53RD Apt / Unit #: 11City: San Diego ST: CA Zip-Code: 92105Telephone #: (619) 286-3677

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 11 Section: 2 "N/A" Blk / Row: "N/A"
 Lot(s): 135 Grave(s): 1

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 3RD day October 2003

EXECUTED IN THE PRESENCE OF
 THE FOLLOWING WITNESS:

[Signature]
 Notary

[Signature]
 WITNESS

[Signature]
 Legal Owner / Representative Signature

[Signature]
 WITNESS

Legal Owner / Representative Signature

Paulette Crawford
 CEMETERY REPRESENTATIVE NAME

Cemetery Representative Signature

**Mt. Hope Cemetery**

Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400 • Fax (619) 527-3403

Lot 135 (Gravel) Sect 2 Div 1



Transfer

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/8/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Clayborne

In a _____ Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

Lot 135 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting _____

Recording and filing fee _____

Sales taxes _____

PAID

OCT 03 2003

MOUNT HOPE CEMETERY

Transfer 50.00
From Girdene Garcia

Total Due 50.00

Paid receipt number 256753 50.00

Balance due 0

I hereby certify I am the X SELF of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Dorothy Clayborne
Signature
3060-63rd St #11
Address
San Diego 92105
City and Zip Code
286 3677
Telephone

18073

Work Order # E

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/6/03

us
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe / Michael Wells

in a liner Funeral, date, time Wed 11/4 10:00
Type of Burial Container
Church, Chapel, Graveside Breidenbach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 129 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____ 1100 -

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
OCT 06 2003
MOUNT HOPE CEMETERY

Total Due 1100.00

Paid receipt number RS6755 1100.00

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of authorized holder of deed

[Signature]

Signature *[Signature]*

Address *[Signature]*

City *[Signature]* Zip Code

Telephone

Work Order # E

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18074

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Hopkins	X			
			Laszlofi			

Blind Check Initiated By: Pam Date: 10/31

Interment space for: John Dose

Dis
Interment Date: Tues 11/4 Time: 10:00

Div: 12 Sect: 1 Blk/Row: Lot: 129 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: N. Festermark Date: 11-4-03

flag in grave



*Breitenbach
McCoy-Leffler* FUNERAL HOME

IN OUR SECOND CENTURY OF SERVICE

ROBERT L. BREITENBACH
PRESIDENT-DIRECTOR

SUTPHIN 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

E-18074

LETTER OF APPROVAL FOR DISINTERMENT OF John Doe/ Michael Allen Wells Jr.

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of (insert name) and have the right to make this authorization, and that they are related to the decedent as indicated below. THE UNDERSIGNED FURTHER AGREE TO DEFEND, INDEMNIFY, PROTECT AND HOLD THE CITY OF SAN DIEGO AND ITS AGENTS, OFFICERS, AND EMPLOYEES HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS ASSERTED OR LIABILITY ESTABLISHED FOR DAMAGES OR INJURIES TO ANY PERSON OR PROPERTY, which arise from or are connected with and are caused or claimed to be caused by the disinterment of (insert name) and all expenses of investigating and defending against same; provided, however, that the undersigned's duty to indemnify and hold harmless shall not include any claims or liability arising from the established sole negligence or willful misconduct of the City of San Diego, its agents, officers, or employees.

The burial site for 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.



Michael A. Wells

Father

SIGNATURE(S)

RELATION TO DECEASED



Nelson Stillerell

WITNESSED BY

August 25, 2003

DATE

NOTARIZE
PLEASE



Jeffrey L. Bonnell

Mt. Hope Cemetery

Coronity Parks • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-9400 • Fax (619) 527-9403

Notary Public, State of Ohio
Commission exp. 1-27-2008
Recorded in Butler County



E 18074

County of San Diego

DON BILLINGS
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

HEALTH AND HUMAN SERVICES AGENCY
RODGER G. LUM, Ph.D., DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3987

August 26, 2003

Attn. Paulette
Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102
BY FAX ONLY: (619) 527-3403

Re: Former John Doe #94-1907
A/k/a Michael A. Wells, Jr.

Ladies and Gentlemen:

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.

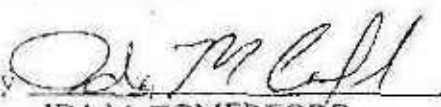
The Public Administrator has no objection to said disinterment. Furthermore, the Public Administrator hereby waives the burial cost of \$386.00, which would otherwise be due and owing.

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
PUBLIC ADMINISTRATOR

By 
IDA M. COMERFORD
Deputy Public Administrator



E- 18074

County of San Diego

GLENN N. WAGNER, D.O.
CHIEF MEDICAL EXAMINER

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN Wells Jr.		1B. MIDDLE Allen	1C. LAST (FAMILY) DOE Michael	2. DATE OF BIRTH MONTH, DAY, YEAR UNK	3. DATE OF DEATH MONTH, DAY, YEAR 10/10/1994	4.
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PUBLIC ADMINISTRATOR, KATHERINE HOWARD 5201A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit Ed Lauer		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 05/19/1995		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9A. AMOUNT OF FEE PAID 7.00		9B. DATE PERMIT ISSUED 05/19/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T.C. MITCHELL
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
10. THORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER D. TEMPORARY ENVAULTMENT E. TEMPORARY ENVAULTMENT F. DISINTERMENT G. SHIP INTO CALIFORNIA				FOR CORONER'S USE ONLY DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		

next of kin Michael Allen Wells III
609 Wilson St.
Middletown OH
45044

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

10/6/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Howard Bard Jr.

In a Ash Vault Funeral, date, time Thurs 10/23

Church, Chapel, Graveside AYD : telephase Daniel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 299 6805 530/346 6582

will be applied and billed to undersigned.

Lot 59 Grave 17 Row 0 Section 0 Division/Block MASON

Grave space & Care Fund 0

Additional spaces and care fund 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number

Balance due 0

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X David J. Bard

X 15046 LEITER WAY

X GRASS VALLEY, CA 95949

X 530/346-6582

Telephone

18075

Work Order # E

Invoice #

Acct. #

put
Center

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.

		Spring				
Casper			X	Urmott	Willchump	
					tree	
				ACACIA		

Blind Check Initiated By: Pam Date: 10/4

Interment space for: Howard Bard Jr.

Interment Date: Thurs 10/23 Time: 4:00 ^{12:00} after

Div: MAS Sect: 0 Blk/Row: Lot: 59 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: P. J. Buena Date: 10-20-03

84461

E 18075

91 AAJ
314

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HOWARD	1B. MIDDLE BURTON	1C. LAST (FAMILY) BARD, JR	2. DATE OF BIRTH MONTH, DAY, YEAR 04/25/1912	3. DATE OF DEATH MONTH, DAY, YEAR 10/05/2003	4. SEX M
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DAVID BARD - SON 15046 LEITER WAY GRASS VALLEY CA 95949		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SIMPLE TRIBUTE - SD 7851 MISSION CENTER CT #104 SAN DIEGO CA 92108		7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1272	8A. SIGNATURE OF APPLICANT <i>[Signature]</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/08/2003			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/08/2003 L CASTRO	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316644
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONOR'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 10-23-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 10/9/03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DIS- POSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

REC'D OCT 09 2003

VS9 (REV. 3/03)

City of San Diego

Date _____

In a Ash vault Funeral, date, time 2nd Nov / 12.30
Type of Burial Container
Church, Chapel, Graveside Crematorium Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge per hour will be applied and billed to undersigned.

Lot 48 Grave 1 Row Section 1 Division/Block 8

Grave space & Care Fund H 8516 0

Additional spaces and care fund 01 231

Opening/Closing & Setup.....	116
------------------------------	-----

Burial Container..... **DAID** 61

Handling Fees **PAID** 66-

Flower vases – Marker setting fee 003.00 0000

Recording and filing fee 50.

Sales taxes.....**JOINT HOPE CEMETERY**.....4.15

MOUNT HOPE CEMETERY

Total Due 528.11

10-06-03P12:02 PAID

Paid receipt number

Balance due 0

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1
hold under dead. - 7 -

Stoneman of record holder of deer

Work Order # **E**

Invoice #

Acct. #

w/ cancelled

MT HOPE CEMETERY

E-18076

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 way

	trash			valve box		
	tree					
	McKenzie	Bostwick	X	Ferrara	Benson	
		Parish	Bostwick			

Blind Check Initiated By: Pam Date: 10/29Interment space for: maria Ferrara &Interment Date: Sept 11/1 Time: 12:30Div: 8 Sect: 1 Blk/Row: Lot: 48 Gr: 1Grave Laid out by: Norman FergusonAgrees with Legal Card: ☐ Yes ☐ NoAgrees with Map: ☐ Yes ☐ NoBlind Check & Verified By: DARRELL Date: 10/29/03flag m
gravel

C-18076

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 006092

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MARIO	1B. MIDDLE -	1C. LAST (FAMILY) FERRARA	2. DATE OF BIRTH MONTH, DAY, YEAR 03/03/1915	3. DATE OF DEATH MONTH, DAY, YEAR 06/29/2003	4. SEX MALE
5A. CITY OF DEATH HARBOR CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LUCILLE L. FERRARA-WIFE 17103 MERIT AVE. GARDENA, CA 90247	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREEN HILLS MORTUARY 27501 S. WESTERN AVE. RANCHO PALOS VERDES, CA 90275		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1175		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Octavio</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code				8B. DATE SIGNED 6-30-03	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 06/30/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Thomas W. Galt</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. FIGUEROA ST. ROOM L-1 LOS ANGELES, CA 90012		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186		

1. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 1/2 ASHES MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-1-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray S. S. S.</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREEN HILLS CREMATORY 27501 S. WESTERN AVE. RANCHO PALOS VERDES, CA 90275	12B. DATE CREMATED 7-3-03	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Tom Wells</i>
SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/6/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tim Harrison #230257

In a _____ Funeral, date, time _____

Type of Burial Container _____
Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 14 Grave 697 Row _____ Section P Division/Block Mason

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee X-fer waived

Sales taxes _____

Total Due 0

Paid receipt number _____

Balance due 0

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X
Business 830 21st st
Address SD 92102
City (619) 235 4064 Zip Code
Telephone _____

Work Order # E 18077

Invoice # _____

Acct. # _____



THE CITY OF

SAN DIEGO E 18077

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
 Real Estate Assets Department
 527-3400

Business hours 8 a.m. to 4 p.m.
 Monday through Friday • Gates open daily

QUITCLAIM DEED

In consideration of J. Birtch Having made arrangements
 with Memorial Society and Humphreys Mortuary
 as well as Fort Rose crans.

I/We James B. Birtch

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Tim Harrison

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
TIM HARRISON., its successors and assigns forever.

WITNESS my/our hand this 27 day of Dec 2000

EXECUTED IN THE PRESENCE OF
 THE FOLLOWING WITNESS:

Glenn Carmel
Virginia Keeler
 Witnesses

James Bruce Birtch

Virginia Keeler
 NOTARY PUBLIC



27 Dec 2000
Virginia Keeler



DIVERSITY
 BRINGS US ALL TOGETHER

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-7-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elmore Beidler

In a Liner Funeral, date, time Fri. Oct 10th 10:00

Church, Chapel, Graveside : ELCayon Mortuary, Dallas

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned.

Lot 245 Grave 1 Row Section 5 Division/Block 8

Grave space & Care Fund B-848

Additional spaces and care fund

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee OCT 07 2003

Recording and filing fee PAID 50.00

Sales taxes MOUNT HOPE CEMETERY 16.20

Total Due 848.20

Paid receipt number R-56764 848.20

Balance due 0

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 245 hold under deed. Erma J Beidler

Signature of recorded holder of deed

Signature Erma J Beidler
Address 4940 Lyons Valley Rd
City Harmon State TX Zip Code 75136
Telephone 619-669-5067

Paulette 18078

Work Order # E

Invoice #

Acct. #

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.

		Jacobs	x	Beidler		

Blind Check Initiated By: Paulette C Date: 10/7
 Interment space for: Elmore S. Beidler (Liner)
 Interment Date: 10-10-03 Time: 10:00 G.S.
 Div: 8 Sect: 5 Blk/Row: — Lot: 245 Gr: 1
 Grave Laid out by: Norman Ferguson
 Agrees with Legal Card: ☒ Yes ☐ No Flag on grave
 Agrees with Map: ☒ Yes ☐ No
 Blind Check & Verified By: CH Danner Date: 10-7-03

E-18078

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ELMORE		1B. MIDDLE SAMUEL	1C. LAST (FAMILY) BEIDLER	2. DATE OF BIRTH MONTH, DAY, YEAR 01/07/1907	3. DATE OF DEATH MONTH, DAY, YEAR 10/06/2003	4. SEX M
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ERMA BEIDLER - WIFE 14940 LYONS VALLEY RD JAMUL, CA 91935		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAJON MORTUARY 684 S MOLLISON AVE, EL CAJON, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jackie Kozica</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/09/2003				
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 PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/09/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316696 JACKIE KOZICA	
ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P O BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEGO, CA 92102		11B. DATE BURIED 10-10-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. L. B...</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED 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 10/8/03

AT NEED
PLEASE NO BACK HOE OR
OTHER EQUIP. IN AREA

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of VIRGILIA VANTA

In a D.O. CRYPT (B) Funeral, date, time MON OCT. 13th 1.00

Type of Burial Container

Church Chapel, Graveside PACIFIC BEACH Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 123 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund E-6809 0

Additional spaces and care fund _____

Opening/Closing & Setup 413.00

Burial Container " D.O. CRYPT 0

Handling Fee _____

Flower vases - Marker setting fee _____

Recording and filing fee OCT 09 2003 50.00

Sales taxes # -

MOUNT HOPE CEMETERY

Paid receipt number PAID BY CREDIT 463.00

Balance due 0

Fox # 858 483 - 4463

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Paulette

Reynolds J. Vanta
Signature
4333 Mt. Jefferson Ave.
Address
SAN DIEGO CA 92117
City Zip Code
858 560 5490
Telephone

18079

Work Order # E

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Cunningham		
Butler	AGUEAR	x		CAMPBELL	
		Chamberlain			

Blind Check Initiated By: PAULETTE Date: 10/8/03
Interment space for: Virgilia Vanta (D.D. Crypt) (B)
Interment Date: 10/13/03 Time: 1:00 CHURCH
Div: 11 Sect: 2 Blk/Row: Lot: 123 Gr: 10
Grave Laid out by: Norman Ferguson
Agrees with Legal Card: ☐ Yes ☐ No *Flag on grave*
Agrees with Map: ☐ Yes ☐ No
Blind Check & Verified By: DARREYL Date: 10-10-03

E 18079 77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) VIRGILIA	1B. MIDDLE SANTOS	1C. LAST (FAMILY) VANTA	2. DATE OF BIRTH MONTH, DAY, YEAR 11/27/1925	3. DATE OF DEATH MONTH, DAY, YEAR 10/05/2003	4. SEX F
5A. CITY OF DEATH EDMONTON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE CANADA		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT REYNALDO VANTA-SON 4333 MT. JEFFERS AVE. SAN DIEGO, CA 92117	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ECM-PACIFIC BEACH CHAPEL 4710 CASS ST. SAN DIEGO, CA 92109			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-815		8A. SIGNATURE OF APPLICANT—Person taking permit <i>C. H. ...</i>

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 10/10/2003

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/10/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316754 C. GRIER
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA -		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|---|---|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> F. DISINTERMENT
<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|---|---|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET SR. SAN DIEGO, CA 92102	11B. DATE BURIED 10 13 03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/8/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George & Miguella Tinaynan

in a 20 Crypt Funeral, date, time _____
Church, Chapel, Graveside _____; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 109 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 985

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

OCT 13 2003

MOUNT HOPE CEMETERY

Total Due 2713.40

Paid receipt number RS6768

Balance due 2035.40

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

R-56786
Rosita T. Marungoy
411 Los Olivos Apt. #7
WEST CHASE AVEN.
CA 92020
440-2867

Invoice # _____

Acct. # _____

Work Order # E

E-18080

E-18080

MARUNGOY, ROSITA 411 OLIVOS #7 West Chase ave EG 92020 (619)440-2867

	DEBIT	CREDIT	BALANCE
10-08-2003 Opened pre-need lot and trust to include			
Div 12 Sec 2 Lot 109 Gr 9	985.00		
2 open/close, DD Crypt, handling fee 2 recording	1728.40		2713.40
fees and tax. 25% down R-56768		678.00	2035.40
10/13/03 PAID IN FULL R-56786 P.O.		2035.40	0

PAID**OCT 13 2003****MOUNT HOPE CEMETERY**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/8/03

Prepaid
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Levy Hayes

In a _____ Funeral, date, time _____

Type of Burial Container _____ Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 223 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 413

Burial Container _____

Handling Fees **SEP 02 2004** _____

Flower vases - Marker setting fee _____

Recording and filing fee **MOUNT HOPE CEMETERY** 50

Sales taxes _____

Total Due 463

Paid receipt number 256769 50

Balance due 413

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed

Pam

Work Order # **E** 18081

Levy Hayes
5640 Churchward St
SAN DIEGO
CA 92114
619 262 789

Invoice # _____

Acct. # _____

MAYES, LEVY 5640 CHURCHWOOD St SD 92114 (619)262-6789

DIV 12 SEC 2 LOT 223 GR 10

DEBIT

CREDIT

BALANCE

10-08-2003 Opened pre-need trust to include 1 open/close
and recording fee for second burial. R-56769

463.00

5000

413.00

10-31-03 R-56843

Coupon # 1

36.00

377.00

12-3-03 56967

2

36.00

341.00

1-7-04 R-57067

3

36.00

305.00

2-2-04 57156

4

36.00

269.00

3-4-04 57280

5

36.00

233.00

4-4-04 57407

6

36.00

197.00

5-7-04 57530

7

36.00

161.00

6-8-04 57628

no coupon

36.00

125.00

7-7-04 57762

PAID

36.00

89.00

8-9-04 57878

36.00

53.00

9-2-04 57971

53.00

0.00

SEP 02 2004

MOUNT HUR

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Oct 9 23

At need
22767
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy Travis Ward

In a PO Crypt Funeral, date, time Tues 10/14 1:00

Church, Chapel, Graveside Delaney; Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ Monahan 435 4055 will be applied and billed to undersigned.

Lot 89 Grave 7 Row _____ Section 2 Division/Block 11

Grave space & Care Fund E 9097

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fee _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

I hereby certify I am the Y of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Oct 9 03

At need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ray Travis Ward in a crypt Funeral, date, time Tues 10/14 1:00 Church, Chapel, Graveside Belmont Humphreys All Funeral cems must arrive before 3:30 p.m. of regular work day or an extra charge of \$455.00 will be applied and billed to undersigned.

Lot 89 Grave 7 Row _____ Section 2 Division/Block 11
Grave space & Care Fund E 9097
Additional spaces and care fund _____
Opening/Closing & Setup _____
Burial Container _____
Handling Fee _____
Flower vases - Marker setting fee _____
Recording and filing fee _____
Sales taxes _____
Total Due _____

Paid receipt number _____

Balance due _____

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of Requester (holder of deed)

Eltha D. Ward
Eltha D. Ward
Eltha D. Ward
Eltha D. Ward By Date

Work Order #

E

18082

Invoice #

Acct. #

This information is available in alternative formats upon request.

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.

		Palmer	Creech			
		Rogers	X	Freeman	Holliman	
	Castillo				Belcher	

Blind Check Initiated By: Ram Date: 10/10

Interment space for: Roy Ward

Interment Date: June 10/14 Time: 1:00

Div: 11 Sect: 2 Blk/Row: Lot: 89 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ROBERTO BOCCA Date: 10/13/03

flag in grave

E-18082

79

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) BOY	1B. MIDDLE TRAVIS	1C. LAST (FAMILY) WARD	2. DATE OF BIRTH MONTH, DAY, YEAR 07/17/1924	3. DATE OF DEATH MONTH, DAY, YEAR 10/08/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELTHA WARD (WIFE) 25631 POTRERO VALLEY RD. POTRERO, CA 91963		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 964		8A. SIGNATURE OF APPLICANT—Person taking permit M. Dominguez	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 10/09/2003	
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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 10/10/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316791 M. DOMINGUEZ
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS.

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10/14/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature]	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

Oct 8, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Anna Marie Liles 227152

in a TS Vault Funeral, date, time Mon 10/13 9:00

Church, Chapel, Graveside Graveside; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 80 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____ 985-

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413-

Burial Container _____ 275-

Handling Fees _____ 204-

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50-

Sales taxes _____ 21.31

Total Due _____ 1948.31

Paid receipt number 1182 1948.31

Balance due 0

I hereby certify I am the BROTHER of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Paul

Work Order # E

REA-104 (7-98)

18083

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18083

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		FLINN	x		tree	
		Allen	Webster	Lewis		

Blind Check Initiated By: Pam Date: 10/7

Interment space for: Anna Marie Liles

Interment Date: Mon 10/13 Time: 11:00

Div: 12 Sect: 1 Blk/Row: Lot: 80 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 10-10-03

flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ANNAMARIE		1B. MIDDLE S.	1C. LAST (FAMILY) LILES		2. DATE OF BIRTH MONTH, DAY, YEAR 12/05/1947	3. DATE OF DEATH MONTH, DAY, YEAR 10/05/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JACK TOFELOGO - BROTHER 9149 VILLAGE GLEN DRIVE, #185 SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY - 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Liana Lewis</i>	
						8B. DATE SIGNED 10/13/2003	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.					
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 10/13/2003	
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Diana Lewis</i>		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS							
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
FOR CORONER'S USE ONLY							
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)							

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 10 13 03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Oct 9, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lizzie Franklin 227156

In a Casket Type of Burial Container Funeral, date, time Tues 10/14 11:00
Church, Chapel, Graveside : CA burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$300
will be applied and billed to undersigned.

Lot 244 Grave 1 Row Section 2 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund 413-

Opening/Closing & Setup 209-

Burial Container 160-

Handling Fees

Flower vases - Marker setting fee 50-

Recording and filing fee 160.00

Sales taxes 1833.00

Total Due 1833.20

Paid receipt number R20776 1833.20

Balance due 0

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order # E

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

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.

			X			
Ripman			Warren	Gallagher		

Blind Check Initiated By: Ram Date: 10/9

Interment space for: Lizzie Franklin

Interment Date: Tues 10/14 Time: 11:00

Div: 12 Sect: 2 Blk/Row: Lot: 244 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/10/03

Flag m
Egan

E-18084

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) LIZZIE	1B. MIDDLE MAE	1C. LAST (FAMILY) FRANKLIN	2. DATE OF BIRTH MONTH, DAY, YEAR 03/26/1941	3. DATE OF DEATH MONTH, DAY, YEAR 10/07/2003	4. SEX F
5A. CITY OF DEATH SPRING VALLEY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LILLIE RIVERS—SISTER 8914 DELROSE AVE. #17 SPRING VALLEY, CA. 91977	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357		8A. SIGNATURE OF APPLICANT—Person taking permit ▶ K R J
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 10/09/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/09/2003 K JONES	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ 2326698
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 10-14-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-9-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rev. George Stevens

In a _____ Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 135 Grave 2 Row — Section 2 Division/Block 11

Grave space & Care Fund E-7 PAID 0

Additional spaces and care fund _____ —

Opening/Closing & Setup OCT 21 2003 —

Burial Container _____ —

Handling Fees MOUNT HOPE CEMETERY —

Flower vases — Marker setting fee _____ —

Recording and filing fee Transfer fee 50.00

Sales taxes from Girkene Garcia —

Total Due 50.00

Paid receipt number R-56779 50.00

Balance due 0

I hereby certify I am the SELF of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

(See Attached)

Signature 700 SELMA PL
Address SAN DIEGO CA 92114
City (619) 264-9134 Zip Code
Telephone _____

Work Order # E 18085

Invoice # _____

Acct. # _____

Funeral Director

Transfer

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-9-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rev. George Stevens

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 135 Grave 2 Row — Section 2 Division/Block 11

Grave space & Care Fund E-7261

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee Transfer fee 50.00

Sales taxes from Girene Garcia

Total Due 50.00

Paid receipt number _____

Balance due _____

I hereby certify I am the SELF of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

George Stevens
Address 700 PELMA PL
City SAN DIEGO CA 92114 Zip Code
(619) 264-7134
Telephone

18085

Work Order # E

Invoice # _____

Acct. # _____

REA-104 (7-00)

This information is available in alternative formats upon request.

Printed on recycled paper



THE CITY OF SAN DIEGO

C-18085

**MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM
OF INTERMENT RIGHTS**

Date: October 9, 2003

I/We ~~REV. GEORGE STEVENS~~ GIRLENE GARCIA

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: REV. GEORGE STEVENS
Street Address: 700 SELMA PL Apt / Unit #: _____
City: San Diego ST: CA Zip-Code: 92114
Telephone #: (619) 264-9134

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 11 Section: "N/A" Blk / Row: "N/A"
Lot(s): 135 Grave(s): 2

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 10th day October 2003

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

Regina Villa
WITNESS
Bernardo Lopez
WITNESS

Pamala Hetzel
CEMETERY REPRESENTATIVE NAME

Girlene Garcia
Legal Owner / Representative Signature

Legal Owner / Representative Signature

Cemetery Representative Signature



ACK ATTACHED



Mt. Hope Cemetery
Community Parks | Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E-18085

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of San Diego } ss.
On 10-9-03, before me, Regina Villa
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Girleene Garcia
Name(s) of Signer(s)

☐ personally known to me
☒ approved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal
Regina Villa
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Cemetery Property Transfer & Quit Claim

Document Date: 10-9-03 Number of Pages: _____

Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer

Signer's Name: Girleene Garcia
☒ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: self



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/10/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Emma L. Moring ¹³¹¹⁶⁹

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 126 Grave 2 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 985.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

MOUNT HOPE CEMETERY

Total Due 985.00

Paid receipt number R-56781 600.00

Balance due 385.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E** 18086

REA-104 (7-95)

This information is

Printed on re

request.

Mailed to Emma
for signatures,
E 18086

Moring, Emma L. 5290 Prosperity Ln., S.D. CA 92115

(619) 287-9874

		DEBIT	CREDIT	BALANCE
10/10/03	Pre-need lot account w/\$600.00 down. R-56781	985.00		985.00
	Check #6346		600.00	385.00
11-11-03	R 56895 <i>Coupon #1</i>		385	0
<div>PAID</div> <div>NOV 14 2003</div> <div>MOUNT HOPE CEMETERY</div>				
MORING, EMMA J. E-18086				

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56895

MOUNT HOPE CEMETERY

(619) 527-3400

From: Emma Moring Address: 5290 Prospeity On SD 92115
Three hundred eighty five Dollars (\$ 385.00)
 in full Payment of pre need
 Lot 120 Grave 2 Row _____ Section 1 Division 11
 Block _____

Invoice No. E18080

Acct. No. _____

W.O. _____

BALANCE DUE 0NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

NOV 14 2003

MOUNT HOPE CEMETERYISSUED BY Dan Hoke

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

385Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

10/13/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Darren Grant 227162

In a liner Funeral, date, time Fri 10/17 11:00

Church Graveside ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 243 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 985-

Additional spaces and care fund _____

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fees 260-

Flower vases - Marker setting fee OCT 13 2003 (RS6797 d)

Recording and filing 50-

Sales taxes 16.00

Total Due 1833.00

Paid receipt number USA 1833.00

Balance due 0

I hereby certify I am the BROTHER of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of executor or authorized person Ernest Grant

5902 FLIPPEN DR
SAN DIEGO 92114
619 266 8968

Work Order # E 18087

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E 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.

			tree		
	Lucero			Andrew	
	Shell		X		
		Ryan	adom	parham	

Blind Check Initiated By: Pam Date: 10/13

Interment space for: Darren Grant

Interment Date: Fri 10/07 Time: 11:00

Div: 12 Sect: 2 Blk/Row: Lot: 243 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No


Blind Check & Verified By: DARRELL Date: 10-14-03

flag on grave

E-18087

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DARREN	1B. MIDDLE ISERT	1C. LAST (FAMILY) GRANT	2. DATE OF BIRTH MONTH DAY YEAR 09/10/1960	3. DATE OF DEATH MONTH DAY YEAR 10/04/2003	4. SEX M
5A. CITY OF DEATH SAVANNAH		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE GA		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ERNEST GRANT - BROTHER 5902 FLIPPER DRIVE SAN DIEGO, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941		8A. SIGNATURE OF APPLICANT—Person taking permit 	

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

10/10/2003


PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/16/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Grant K. Conrad 2317121
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☒ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10-17-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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 _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ Funeral, date, time _____

Church, Chapel, Grave, side _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Signature of recorded holder of deed _____

Work Order # **E 18088**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Preneed Lot ~~Trust~~ pd.

Date 10/13/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Lelia D. Robertson

In a D.D. Crypt PC Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 141 Grave 1 Row _____ Section 14 Division/Block 7

Grave space & Care Fund _____ 1395.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00 PC

Burial Container _____ 380.00 PC

Handling Fees _____ 320.00 PC

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00 EC

Sales taxes _____ 27.45 PC

Total Due _____ 2500.45 PC

Paid receipt number 25% down 349.11 636.11 PC

Balance due 1908.34

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

City _____ Zip Code _____

Telephone 904873-8874

Signature of recorded holder of deed _____

Work Order # E Invoice # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Oct 13, 03

Prepaid
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rubery Brambila 227154

In a 00 Crypt Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 190 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 985-

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413 x 2 820-

Burial Container _____ 418-

Handling Fees _____ 352-

Flower vases - Marker setting fee NOV 12 2003 51.43

Recording and filing fee _____ 50 x 2 100-

Sales taxes _____ 32.40

Total Due _____ 2713.03

Paid receipt number R 56790 700.00

Balance due 2015.03

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Pam

18090

Rubery Brambila
4935 Motley Circle
CHULA VISTA, CA 91910
619-427-3145

Invoice # _____

Acct. # _____

BRAMBILA, RUBEN 4937 Smokey Cir. Chula Vista 91910 (619)427-3145

~~BIV 12 SEC 1 LOT 190 GR 1~~

10-13-2003 Opened pre-need lot and trust to include

985.00

2 open/close, DD Crypt, handling fee, 2

1780.03

2765.03

recording fees and tax R-56790 25% down

700.00

2065.03

also to include Trion vase

10-20 03

R 50803

1002 03

403.00

11-12 03

50889

403 -

~~403.00~~**PAID**

NOV 12 2003

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56889

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Nov-12, 20 03
 From: Ruben Brambila Address: 493 Smokey Cir CV 91910
Four hundred Sixty three Dollars (\$ 463.00)

 in full Payment of pre need
 Lot 190 Grave 1 Row _____ Section 2 Division 12
Invoice No. E18090

Acct. No. _____

W.O. _____

BALANCE DUE 0NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" WITH SIGNATURE**PAID****NOV 12 2003****MOUNT HOPE CEMETERY**ISSUED BY Dan Hezel

CREDIT	77007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>463.00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID

\$

463.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT Need

Date 10/14/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henri L. Brown 227158

In a Liner Funeral, date, time THURS OCT. 16th 11:00
Type of Burial Container
Church Chapel, Grave site RAGSDALE Mortuary.

New Creation
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 63 Grave 10 Row — Section 2 Division/Block 11

Grave space & Care Fund	<u>985.00</u>
Additional spaces and care fund	<u>—</u>
Opening/Closing & Setup	<u>413.00</u>
Burial Container	<u>209.00</u>
Handling Fees	<u>160.00</u>
Flower vases - Marker setting fee	<u>—</u>
Recording and filing fee	<u>50.00</u>
Sales taxes	<u>16.20</u>

PAID

OCT 14 2003

Total Due 1833.20
Paid receipt number R-56791 1833.20

Balance due 0

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

CHARLES BROWN
I hereby authorize the interment in lot I hold under deed.

C. Brown
Signature
988 MARJORIE DR.
Address
SAN DIEGO
City
(619) 464-0732
Telephone
92114
Zip Code

Signature of recorded holder of deed

Paula

18091

Work Order # E

Invoice # _____

Acct. # _____

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	SCOTT	SHARBAZ
			X	MAJORS		WALKER
		COOPER	ANDERSON	GARRETT		

Blind Check Initiated By: PAULETTE Date: 10-14-03

Interment space for: Henri L. Brown

Interment Date: THURS OCT 16th Time: 11:00 CHURCH

Div: 11 Sect: 2 Blk/Row: Lot: 63 Gr: 10

Grave Laid out by: Norman Penguin

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

FLAG ON GRAVE

Blind Check & Verified By: Kenneth Collins Date: 10/14/03

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) Henri	1B. MIDDLE Lee	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 M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Charles Brown, Brother 988 Marjorie Drive San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT — Person taking permit: <i>[Signature]</i> 8B. DATE SIGNED 10/13/2003	
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 10/13/2003 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316871
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS					FOR CORONOR'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA					<input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10-16-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -		
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DIS- POSER — IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/14/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jack Wilson 227160

In a liner Funeral, date, time Fri 10/17 11:00

Church Chapel, Graveside Christ United ; Pagosa Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 94 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 985-

Additional spaces and care fund _____

Opening/Closing & Setup _____ 413-

Burial Container _____ 209-

Handling Fees _____ 160-

Flower vases - Marker setting fee OCT 14 2003 _____

Recording and filing fee _____ 50-

Sales taxes _____ 16.20

MOUNT HOPE CEMETERY

Total Due _____ 1833.20

Paid receipt number R 56792 1833.20

Balance due -0-

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

10-14-03A11:01 RCVD

Pam

Work Order # E

18092

Signature

Address

City

Telephone

Invoice # _____

Acct. # _____

10/14/2003

10:42

SD MT. HOPE CEMETERY → RAGSDALE

NO. 676

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/14/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Quack Wilsonin a liner Funeral, date, time Fri 10/17Church, Chapel, Graveyard Ragsdale Mortuary.

All Funeral calls must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 94 Grave 6 Row Section 2 Division/Block 12Grave space & Care Fund 905Additional spaces and care fund 413Opening/Closing & Setup 209Burial Container 160Handling Fees 50Flower vases - Marker setting fee 16.20Recording and filing fee 1833.20Sales taxes 16.20Total Due 1833.20Paid receipt number R5672 1833.20Balance due 0

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of authorized person of decedent

Beatrice
4583 Altadena #C
50 CH92115

18092

Work Order # EInvoice # Acct. #

Information is available in alternative format upon request.

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.

		Pickens	Hickory			
		McFarlane	X			
		Kagler			Wells	

Blind Check Initiated By: Ram Date: 10/13

Interment space for: Jack Wilson

Interment Date: Fri 10/17 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 94 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREN Date: 10-15-23

flag on
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Jack		1B. MIDDLE -	1C. LAST (FAMILY) Wilson		2. DATE OF BIRTH MONTH, DAY, YEAR 08/20/1959	3. DATE OF DEATH MONTH, DAY, YEAR 08/23/2003	4. SEX M
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Beatrice Martey, Sister 4583 Altadena Avenue Apt C San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 09/19/2003				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 10/09/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2316716 B. Campbell	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS							FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE							<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102			11B. DATE BURIED 10/17/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/14/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Victor Olson 227146

In a Private DD Funeral, date, time Fri 10/17 2:00

Church, Chapel, Graveside; Baughman Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned.

Lot 88 Grave 4 Row Section 16 Division/Block 7

Grave space & Care Fund 1535

Additional spaces and care fund

Opening/Closing & Setup 413

Burial Container PAID 418

Handling Fees 350

Flower vases - Marker setting fee OCT 14 2003

Recording and filing fee 50

Sales taxes MOUNT HOPE CEMETERY 32.40

Total Due 2800.40

Paid receipt number visa 2800.40

Balance due 0

I hereby certify I am the X WIFE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Pau

18093

X Irene Olson

X 4081 ORCHARD AVE

X SAN DIEGO

X CAL 92107

Telephone 619 222-4886

Invoice #

Work Order # E

Acct. #

MT HOPE CEMETERY E 18093

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Blind Check Initiated By: _____ Date: _____

Interment space for: Victor Olson

Interment Date: Fri 10/17 Time: 2:00

Div: 1 Sect: 16 Blk/Row: _____ Lot: SS Gr: 4

Grave Laid out by: Roman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on

Agrees with Map: ☐ Yes ☐ No grave

Blind Check & Verified By: R. L. Bunn Date: 10-15-03

E-18093

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) VICTOR		1B. MIDDLE GILBERT		1C. LAST (FAMILY) OLSON SR		2. DATE OF BIRTH MONTH, DAY, YEAR 11/12/1925		3. DATE OF DEATH MONTH, DAY, YEAR 10/11/2003		4. SEX M	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT IRENE OLSON - WIFE 4581 ORCHARD AVE., SAN DIEGO, CA 92107					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSETTCLIFFS BLVD., SAN DIEGO, CA 92107						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-816		8A. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED <i>[Signature]</i> 10/15/2003			

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 710276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 10/15/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2317030 NANCY LOPEZ	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 82600 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 2751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10/17/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature: Kenneth Collins]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/15/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSE M. WOODS 227170

In a liner Funeral, date, time WED'S OCT 22 1:00
Church, Chapel Graveside RAUSDAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 83 Grave 12 Row _____ Section 1 Division/Block 11

Grave space & Care Fund PAID 985.00

Additional spaces and care fund _____

Opening/Closing & Setup OCT 20 2003 413.00

Burial Container _____ 209.00

Handling Fees MOUNT HOPE CEMETERY 160.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 50.00

Sales taxes _____ 16.20

Total Due 1833.20

Paid receipt number R-56807 1833.20

Balance due 0

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

JOYCE M. CROCKETT Joyce M. Crockett
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Joyce M. Crockett
Address 1044 CAMINO ESQUELAS
CHULA VISTA, CA. 91910
City 619-482-9488 Zip Code _____
Telephone _____

Work Order # E 18094

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E 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.

White		Richardson	Webb			
			x	Woods		

Blind Check Initiated By: Paulette Date: 10/20/03

Interment space for: Rosa M. Woods

Interment Date: 10/22/03 Time: 1:00 Chapel

Div: 11 Sect: 1 Blk/Row: — Lot: 83 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on
Grave

Blind Check & Verified By: Kenneth Collins Date: 10/20/03

E-18094

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Rosa	1B. MIDDLE Mae	1C. LAST (FAMILY) Scarborough-Woods	2. DATE OF BIRTH MONTH, DAY, YEAR 04/06/1922	3. DATE OF DEATH MONTH, DAY, YEAR 10/14/2003	4. SEX F
5A. CITY OF DEATH Coronado		5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE San Diego, C		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Joyce Crockett, Daughter 1044 Camino Espuelas Chula Vista, CA 91910	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329		
ACKNOWLEDGEMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
		8A. SIGNATURE OF APPLICANT—Person being permit		8B. DATE SIGNED 10/17/2003	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 13.00	9B. DATE PERMIT ISSUED 10/17/2003 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2317174
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONOR'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10 22 03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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

*Pre-need
to A+ dead*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MICHAEL WESLEY 227178

in a LINER Funeral, date, time Fri 10/24 11:00

Church, Chapel, Graveside CA BURIAL Mortuary JEANETTE 286-2674

All Funeral cars must arrive before 5:00 p.m. of regular work day or an extra charge of \$ 3.00 will be applied and billed to undersigned.

Lot 1761 Grave 1 Row Section Division/Block 10

Grave space & Care Fund 1095 1095.00

Additional spaces and care fund

Opening/Closing & Setup PAID 413 413.00

Burial Container 209 209.00

Handling Fees 81.80 78.20 160.00

Flower vases - Marker setting fee

Recording and filing 31.80 50.00

Sales taxes 16.20 16.20

Total Due pd 1943.20

Paid receipt number R 56813 1745.00

Balance due 288.20

I hereby certify I am the X Nakia Wesley (daughter) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Nakia Wesley
Signature

13445 Willie James Ave #13
Address

SD 92113
City Zip Code

619 527-0252
Telephone

Signature of recorded holder of deed

Work Order # E 18095

Invoice #
Acct. #

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.

			WIFE			
			X	Shagus	Edwards	Mitchell
			MORLEY			

Blind Check Initiated By: Paulette Date: 10-22-03

Interment space for: Michael Wesley

Interment Date: 10/24/03 Time: 11:00 Chapel

Div: 10 Sect: Blk/Row: Lot: 1761 Gr:

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C. W. Danner Date: 10-22-03

Flag on grave

E 18095

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MICHAEL	1B. MIDDLE RAY	1C. LAST (FAMILY) WESLEY	2. DATE OF BIRTH MONTH, DAY, YEAR 09/04/1957	3. DATE OF DEATH MONTH, DAY, YEAR 10/13/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT NAKIA WESLEY—DAUGHTER 344 S. WILLIE JAMES JONES AVE. #3 SAN DIEGO, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and has authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 10/17/2003		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/17/2003 J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2317203
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS					FOR CORONER'S USE ONLY	
	<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE				<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 10-24-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/15/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Luther Johnson 227164

in a Liner Funeral, date, time Fri Oct 17th 12:30
Type of Burial Container
Church, Chapel, Graveside : SD Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 45 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund **PAID** 985.00

Additional spaces and care fund 413.00

Opening/Closing & Setup **OCT 16 2003** 209.00

Burial Container 160.00

Handling Fees **MOUNT HOPE CEMETERY** —

Flower vases — Marker setting fee 50.00

Recording and filing fee 16.20

Sales taxes 1833.20

Total Due 1833.20

Paid receipt number R-56798

Balance due 0

I hereby certify I am the x wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of authorized holder of deed

Luther Johnson
Signature
2448 W. Fingershall St
Address
San Diego, Ca
City
858-278-6396
Telephone
Zip Code

18096

Work Order # **E**

Invoice #

Acct. #

MT HOPE CEMETERY E-18096

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Bowling			
		Price	X		Johnson	
			↑			
			SUNG			

Blind Check Initiated By: _____ Date: _____

Interment space for: Wether Johnson

Interment Date: OCTOBER 17th Time: 12:30

Div: 12 Sect: 2 Blk/Row: _____ Lot: 45 Gr: 3

Grave Laid out by: Norman Fox

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: P. G. B. Date: 10-15-03

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) LUTHER		1B. MIDDLE -		1C. LAST (FAMILY) JOHNSON		2. DATE OF BIRTH MONTH, DAY, YEAR 09/30/1916		3. DATE OF DEATH MONTH, DAY, YEAR 10/10/2003		4. SEX M	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HELEN JOHNSON-SPOUSE 2448 INGERSOLL ST. SAN DIEGO, CA 92111					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Joseph L. Johnson</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8B. DATE SIGNED 10/15/2003			8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2317046		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$13.00		9B. DATE PERMIT ISSUED 10/15/2003		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2317046	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA:					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE										<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
										<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 1751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-17-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Johnson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/16/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Glen Bone

in a liner Funeral, date, time Fri 10/24 11:00

Church, Chapel, Graveside Leatheringill Mortuary.

All Funeral cars must arrive before 2:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot 2720 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund C-5758 0

Additional spaces and care fund 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number _____

Balance due 0

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Law

X Carolyn Price 228943

4857 NORMANDIA PK

LA MESA 91941

(619) 46-3734 Zip Code

Telephone

18097

Work Order # E

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18097

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				Dantas		
	Phillips	Bone	x	Bone	Coons	
	tucker		tucker wesley	cook		

Blind Check Initiated By: Pam Date: 10/16

Interment space for: Glen Bone

Interment Date: Fri 10/24 Time: 11:00

Div: 10 Sect: Blk/Row: 2 Lot: F120 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kenneth Gillen Date: 10/20/03

lay in
grave

E-18097

88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Glen	1B. MIDDLE Raymond	1C. LAST (FAMILY) Bone	2. DATE OF BIRTH MONTH DAY YEAR 11/13/1914	3. DATE OF DEATH MONTH DAY YEAR 10/15/2003	4. SEX M
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Janice McCarthy, Daughter 4754 73rd St. La Mesa, CA 91941	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 10/17/2003	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/20/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2317233
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|---|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER
THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORDONER'S USE ONLY

- ☐
- I. DISPOSITION PENDING—REMAINS LOCATED AT
-
- (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 10/24/03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/17/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Thomas 227/68

in a liner #7 Funeral, date, time Tues 10/21 1:30
Church Chapel, Graveside : SO Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 26 Grave 12 Row Section 1 Division/Block 12

Grave space & Care Fund 985

Additional spaces and care fund

Opening/Closing & Setup 413

Burial Container Change to #7 242.00 207.00

Handling Fees 160.00

Flower vases - Marker setting fee

Recording and filing fee OCT 17 2003 50

Sales taxes 18.76 16.20

MOUNT HOPE CEMETERY 188.76 1,833.20

Paid receipt number R-56801 1,833.20

polk 56801 Balance due 25.50

I hereby certify I am the X of the above named deceased and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under dead.

Signature of recorded holder of deed

See attached
Signature
Address
City Zip Code
Telephone

Work Order # E

Invoice # 18098

Acct. #

10/21/2003 15:57
10/20/2003 08:16

6196920896
6196920896
SU MT. HOPE CEMETERY, 200 HILLTOP

PAGE 81

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Attn: Michael

Date 10/17/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Doris Thomas
In a liner Funeral, date, time Tues 10/21 1:30
Church Chapel, graveside at 30 Memorial avenue

All Funeral cars must arrive before 5:30 of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Lot 26 Grave 12 Row Section 1 Division/Block 12

Grave space & Care Fund 985-

Additional space and care fund

Opening/Closing & Setup 413-

Burial Container 209.00

Handling Fees 160.00

Flower vessel - Marker setting fee

Recording and filing fee 50-

Sales taxes 16.20

MOUNT HOPE CEMETERY PAID OCT 17 2003 833.80

Paid receipt number R-5801 1833.20

Balance due 0

I hereby certify I am the Daughter of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the treatment in lot I
hold under deed

Helen Thomas
Signature of authorized holder of deed

Helen Thomas
4405 Fillmore St. Apt. 1
San Diego, CA 92116
619-501-5779

PH/PC

Work Order # E 18098 Invoice #
Acct #

AM-104 (7-00) This information is available in alternative formats upon request.

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.

	Stokes					
			X			cdoran

Blind Check Initiated By: Pam Date: 10/17

Interment space for: Doris Thomas

Interment Date: Thurs 10/21 Time: 1:30

Div: 12 Sect: 1 Blk/Row: Lot: 26 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/20/03

flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DORIS	1B. MIDDLE MAE	1C. LAST (FAMILY) THOMAS	2. DATE OF BIRTH MONTH DAY YEAR 10/28/1950	3. DATE OF DEATH MONTH DAY YEAR 10/07/2003	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HELEN D. THOMAS—DAUGHTER 4485 ILLINOIS ST. APT. #1 SAN DIEGO, CA 92116	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Joseph Lemon Jr.</i>
			8B. DATE SIGNED 10/21/2003		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 11375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/21/2003 J. LEMON JR.	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2317320
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|---|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input checked="" type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |
|--|---|

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 1741 VALLEY ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-21-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Lemon</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/20/03

AT Need.
15 CHAIRS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John F. Elliott

In a D.D. Crypt (A) Funeral, date, time Weds. Oct 22, 2:30
Church, Chapel, Graveside Erickson Anderson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 8 Grave 1 Row _____ Section 3 Division/Block 8

Grave space & Care Fund A-8183

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 413.00

Burial Container 418.00

Handling Fees **OCT 20 2003** 352.00

Flower vases - Marker setting fee _____

Recording and filling fee **MOUNT HOPE CEMETERY** 50.00

Sales taxes 32.40

Total Due 1,265.40

Paid receipt number R-56802 1,265.40

Balance due 0

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

x Beverly J. Elliott
Signature
x 4118 Calano Dr.
Address
x La Mesa CA 91941
City Zip Code
x 619-670-1447
Telephone

Ravetti

Work Order # **E** 18099

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18099

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Harve	Harve			
	Elliott	Elliott	X	Dave		

Blind Check Initiated By: Paul Hie Date: 10/20

Interment space for: John Elliott

Interment Date: 10/22/03 Time: 2:30 G.S.

Div: 8 Sect: 3 Blk/Row: — Lot: 8 Gr: —

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/20/03

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN		1B. MIDDLE F.	1C. LAST (FAMILY) ELLIOTT	2. DATE OF BIRTH MONTH DAY YEAR 03/12/1922	3. DATE OF DEATH MONTH DAY YEAR 10/16/2003	4. SEX M
5A. CITY OF DEATH SAN DIEGO			5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BEVERLY ELLIOTT - WIFE 4118 CALAVO DR LA MESA CA 91941		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: ECM ERICKSON-ANDERSON CHAPEL 8390 ALLESON AVE LA MESA CA 91941			7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-296	8A. SIGNATURE OF APPLICANT — Person taking permit: <i>[Signature]</i> 8B. DATE SIGNED 10/20/2003		
ACKNOWLEDGEMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$13.00	9B. DATE PERMIT ISSUED 10/20/2003 L CASTRO	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2317263
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS					FOR CORONOR'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					<input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)	
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 10 22 03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>		
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



Department of Veterans Affairs

Form, approved, OMB No. 2900-0222
Respondent Burden: 15 minutesFOR DEPARTMENT OF VETERANS AFFAIRS USE ONLY
MICROFILM ID NO.

IMPORTANT: Do not complete this application if the veteran's grave is already marked with a private monument even though the veteran's military data is not shown; please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. Blocks with shaded titles are optional inscription items or for completion by selected cemeteries; all other blocks must be completed, except block 26 and 27 if not applicable. The copy of this application is for the applicant's use.

1. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (No nicknames or titles permitted)

FIRST (Or Initial)

John

MIDDLE (Or Initial)

Francis

LAST

Elliott

2. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27, (e.g., lost at sea, remains scattered, etc.)

☐ REMAINS NOT BURIED

VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-41)

NOTE: Failure to provide correct nos. may delay receipt of headstone or marker

PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)

3A. SOCIAL SECURITY NO.

564-05-8531

3B. SERVICE NO.

483410

5A. DATE(S) ENTERED

MONTH

DAY

YEAR

11

10

1942

5B. DATE(S) SEPARATED

MONTH

DAY

YEAR

09

14

1945

4A. DATE OF BIRTH

MONTH

DAY

YEAR

03

12

1922

4B. DATE OF DEATH

MONTH

DAY

YEAR

10

16

2003

6. HIGHEST RANK ATTAINED

Corporal

7. BRANCH OF SERVICE (Check boxes) - must be consistent with rank

ARMY

NAVY

AIR FORCE

MARINE CORPS

COAST GUARD

ARMY AIR CORPS

OTHER (Specify)

☐ AR☐ NA☐ AF☒ MC☐ CG☐ AC☐

8. VALOR OR PURPLE HEART AWARD(S) (Check boxes) and provide documentation

CONGRESSIONAL MEDAL OF HONOR

☐ MOH

DST SVC CROSS

☐ DSC

NAVY CROSS

☐ NC

AIR FORCE CROSS

☐ AFC

SILVER STAR

☐ SS

PURPLE HEART

☒ PH

9. WAR SERVICE (Check applicable boxes)

WORLD WAR I

☐ WWI

WORLD WAR II

☒ WWII

KOREA

☐ KO

VIETNAM

☐ VN

OTHER (Specify)

☐

10. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

FLAT BRONZE

☐ B

FLAT GRANITE

☒ G

UPRIGHT MARBLE

☐ U

FLAT MARBLE

☐ F

BRONZE NICHE

☐ Z

UPRIGHT GRANITE

☐ V

LATIN CROSS (Christian)

☐ 01

WHEEL OF RIGHTEOUSNESS (Buddhist)

☐ 02

STAR OF DAVID (Judaism)

☐ 03

OTHER (Specify) (See reverse of back copy for illustrated authorized emblems)

☐

12. APPLICANT'S NAME AND ADDRESS (No., street, city, State and ZIP Code)

Beverly T. Elliott
4118 Calavo Drive
La Mesa - CA 91941

13. RELATIONSHIP TO DECEASED

Wife

14. DAYTIME TELEPHONE NO. (Include area code)

619-670-1447

CERTIFICATION: I CERTIFY THE HEADSTONE OR MARKER WILL BE INSTALLED ON THE VETERAN'S UNMARKED GRAVE AT NO EXPENSE TO THE GOVERNMENT AND ALL STATEMENTS MADE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

15. SIGNATURE OF APPLICANT

Beverly T. Elliott

16. DATE

November 1, 2003

STATE VETERANS' CEMETERY AND GRAVE LOCATION (If applicable)

PRIVATE CEMETERY

17A. ID CODE

17B. SECTION

17C. GRAVE NO.

18. ID CODE (If applicable)

19. NAME AND ADDRESS OF PERSON, CEMETERY, OR OFFICIAL (CONSIGNEE) WHO WILL ACCEPT PREPAID DELIVERY (No. and street, city, State and ZIP Code); P.O. BOX IS NOT SUFFICIENT

Mt Hope Cemetery
3751 Market st
San Diego CA 92102

20. DAYTIME TELEPHONE NO. (Include Area Code)

(619)527 3400

21. NAME AND LOCATION OF CEMETERY (City and State)

Mt Hope Cemetery
3751 Market st
San Diego CA 92102

CERTIFICATION: I AGREE TO ACCEPT THE HEADSTONE OR MARKER ON BEHALF OF THE APPLICANT.

22. SIGNATURE OF PERSON TO ACCEPT DELIVERY (CONSIGNEE)

Pam Hetzel CAII

23. DATE

11-05-2003

CERTIFICATION: I certify the type of headstone or marker checked in block 10 is permitted on the unmarked grave of the deceased.

24. SIGNATURE OF CEMETERY OFFICIAL

Pam Hetzel CAII

25. DAYTIME TELEPHONE NO. (Include Area Code)

(619)527-3400

26. DATE

11-05-2003

27. REMARKS (If needed, continue on reverse for additional space)

Beverly T. Elliott
11-14-27

E-18099
A15140

Series A.

Honorable Discharge

SEMPER FIDELIS



FIDELI CERTA MERGES

from the

United States Marine Corps

This is to certify that

JOHN FRANCIS ELLIOTT

a Corporal

is Honorably Discharged from the Marine Bk's, Naval Ord. Plant

Pocatello, Idaho

and from the United States Marine Corps

Reserve

this 14th *day of*

September, 1945

*This certificate is awarded as a Testimonial of Fidelity and
Obedience.*


JOHN A. JORDAN, Captain, USMCR



Pro Number

937-407927-3

Ship Date
01/08/04

Pieces	Weight
1	130

Reference Number

Freight Terms

Freight Charges Are
Prepaid

SCAC: CTII

Consignee:

MOUNT HOPE CEMETERY
3751 MARKET ST
SAN DIEGO, CA 92102

Shipper:

U.S.D.V.A. % OMEGA MONUMEN
36772A RD 606
RAYMOND, CA 93653

Special Instructions

Delivery Trailer 27-0233

COD Amount: 0.0000

Stamp / Sign Here

Firm _____

By _____

Pieces Received _____

Driver _____ Date _____

Arrive Time _____ Depart Time _____

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE
RECEIVED SUBJECT TO THE CLASSIFICATION AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS
ORIGINAL BILL OF LADING.

NOT TO BE USED FOR ORDER NOTIFY SHIPMENTS.

CENTRAL TRANSPORT - CTII

In violation of U.S.D. shipping, the bill of lading "COD" must appear before the shipper's name.

TO: Consignee MOUNT HOPE CEMETERY		FROM: Shipper U.S.D.V.A. NCA % OMEGA MONUMENTS	
STREET 3751 MARKET STREET		STREET 36772 A ROAD 606	
CITY/STATE/ZIP SAN DIEGO CA 92102	CITY/STATE/ZIP RAYMOND, CA 93653	TELEPHONE # (209) 357-2526	

ALWAYS LIST HAZARDOUS MATERIALS FIRST IN DESCRIPTION OF ARTICLES COLUMN

NO.	QTY	CLASS	WEIGHT	DESCRIPTION OF ARTICLES, SPECIAL HANDLING AND EXCEPTIONS
1			130	Grave Markers NMFC #80500 101-N45013
SCOTTI				
<p>CTII 41 - This Government shipment is subject to the terms and conditions of 41 CFR 101-117, 101-118, and the Wholesaler Freight Terms of Service.</p> <p>In no case shall payment of charges be demanded by the carrier for collection on goods from the consignee. Transportation under this bill of lading is for the U.S.D.V.A. and the total transportation charges paid to the carrier are subject to audit and are to be submitted by the government. For delivery schedule call (800) 867-6847 or (800) 501-3078. For damaged freight call NCA COD at (703) 441-7007 or call (703) 441-4084.</p> <p>BILL to U.S.D.V.A. c/o National Traffic Services</p> <p>181 Audubon Parkway - Alhambra, NY 14228-1186</p>				

SHIP	LINE	CTN	QTY	WGT	CLASS	WEIGHT
CTN	WGT	CTN	TOTE	BL & C		
OTHER: SHIPMENT						

SHIPMENT: (Subject to NMFC 10001-100 and 1000 10000 and 1000 10000)

COG CHARGE NOT TO EXCEED COST OF GOODS

Carrier Liability: Shipments valued over \$1000 per piece are at the shipper's risk. Carrier's maximum liability is \$1000 per piece per package, subject to 100% of the actual value of the shipment, but not exceeding \$1000 per piece.

RECEIVED, subject to the classification and tariff in effect on the date of issue of this bill of lading, the property, described above, in apparent good order, weight, as noted (contents and condition of contents of packages unknown), marked, consigned, and delivered as indicated above, which said carrier (the word "carrier" being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time transferred in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

This is to certify that the above-named articles are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

SHIPPER	U.S.D.V.A. NCA % OMEGA MONUMENTS	CARRIER	CENTRAL TRANSPORT
DATE	1/13/04	DATE	1-8
TOTAL WEIGHT		TOTAL PAGES	

CT SPECIAL DL - 10-10-02

01-09-02 1:35 PM

Pro Number
937-407927-3

Additional Services Requested

- ☐ Inside Delivery ☐ Liftgate
☐ Residential Delivery ☐ Driver Delay
☐ Sort - Segregate ☐ Redelivery

Fees to be Paid by _____ Consignee _____ Shipper _____

Customer Signature _____

Internal Use

And Type of Container _____

Part # _____

Qty. of Pcs Affected _____

Desc. _____

Skids _____

Date _____ Log# _____