City of San Diego You are hereby authorized and instructed, subject to your rules and regulations Chapel, Graveside All Funeral cars must arrive before \$:50 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersign Additional spaces and care fund Opening/Closing & Setup.... Burial Container... Recording and filing fee Balance du 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.

This information is available in alternative formats upon request.

Work Order

REA-104 (7-96)

Invoice i

Acct. #





GRAVE BLIND CHECK FORM

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

ne bariar space.		
		tlanton
ad the or	х	
	19pman	
-	By: Pauletle Jose Bran	
	10/34 Time:	
Div: 12 Sect:	Blk/Row: Lo	ot: <u>190</u> Gr: 1
Grave Laid out by:	Joannan tey	
Agrees with Legal Ca	ard: 🗗 Yes 🗆 No	Flag organs
Agrees with Map: 🖆	Yes □ No	, 0
Olind Charle P Vorid	ad Bu 2 the Coll	D-10 10 (01)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

89 F181

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

A. NAME OF DECEDE	NT-FRST (GIVEN)	IB. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. D.	ATE OF DEATH	4. SEX
JOSE		NOE	BRAMBILA	9	po	10/02/1914 10	20/2003	M
A. CITY OF DEATH	will .	M) SAIDOR		ATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILING FORMANT	ADDRESS AND Z	P CODE
HARDONAL.	CITY		ENTER STATE	AN DIEGO		BRAMBILA - SO	N	
A. TYPED NAME AND A	DORESS OF CALIFORN	NIA-FUNERAL DIRECTOR OR	PERSON ACTING AS SUCH 78.	CALIF, LICENSE MUMBER		SHOKEY CIRCLE	-	
The second second	Complete Com	MARY 607 NATIO	NAL CITY	-IF APPLICABLE	CHUL	A VISTA CA 9191	0	(·
BLAD HVAI	OHAL CITY			FD284	1 1	NATURE OF APPLICANT—Person to	ing permit 88. DAT	TE SIGNE
ACKNOWLEDGMENT OF A			reposed dispesition stated herein is one o nd was authorized pursuant to Section 7100		1/1/	dulle tudisar	10/2	/200
PERMIT		FORMA HEALTH AND SAFET			The state of the state of	9C. SIGNATURE OF LOCAL R	EGISTRAR ISSUIN	IG PERMI
AUTHORIZATION OF	AND IS THE AUTHORI	ITY FOR THE DISPOSITION S	PECIFIED	10/24/2	003	2317549		
LOCAL REGISTRAR		NO MIGHT OF DISPOSAL OUTSING OF I	M.FORMA \$13.00	M. CANDEL	ARIA	>		-
MY CHANGE IN DISPOSH		REGISTRAR OF DISTRICT (OF DEATH— 9E.			RICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA		
TION REQUIRES A NEW PERMIT TO SHOW FINAL	P.O. BOX	The said of the sa		AND THE MERCHANISH AND THE		2010-10 STATES OF THE STATES O		
DISPOSITION,	SAN DIEGO		2				60-1-2-100-00	
O. AUTHORIZED DISP	OBITION(S) CHECK A	UPPLICABLE ITEMS	w -			FOR CORONER	'S USE ONL	Y
X A. BURIAL (INCLI	DES ENTOMBMENT)		E. TEMPORARY E	NVAULTMENT		I. DISPOSITION PENDI	NG REMAINS LI	DCATED .
B. CREMATION			F. DISINTERMENT			(Name and Address	1	
C. DISPOSITION	OF CREMATED REM	MAINS OTHER	G. SHIP IN TO CA	LIFORNIA			-	
D. SCIENTIFIC US			H. TRANSIT TO O	UTSIDE OF CALIFORNIA	A	1		
T	114 NAME AND A	DDRESS OF CALIFORNIA	CENETEDY	11B. DATE BUR	ED . 11	C. SIGNATURE OF PERSON IN	CHARGE OF B	I IDIAI
BURIAL		CEMETERY 3751	SOFT THE PARTY OF	The ball boll	1	o. ordinion of Tendon	- /	
BUNIAL	- CONTROL - SPACEOUS	CA 92102		10.74.	03.	Kun F	/_	
·		DDRESS OF CALIFORNIA	CREMATORY	128, DATE CREM	ATED 129	C. SIGNATURE OF PERSON IN	PROPRIE OF AR	EMATION
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SCIENTIFIC				j	i.	/	98	
	104 NAME AND A	DODGES OF CALIFORNIA	FACILITY RECEIVING REMAIN	1 108 DATE BEC	EIVED 19	C. SIGNATURE OF PERSON II	CHARGE OF E	ACR ITY
SCIENTIFIC	TOT HARE NO F	ADDITION OF CALL CHAIR	PAGICITY RECEIVING REMAIN	a los one neo		o, digitations of rendort	Charac or F	AULI) -
				i	1 20			991
3.55	++F	DDDCC0 III DCCC0 III O		LAST DATE COM	1		or proposition	
		CREMATED REMAINS AR	TATE OR COUNTRY WHERE	148 DATE SHIP	PEU 14	C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA		CHAHGE
TRANSIT					1			25
				1	1		the second	%
SCATTERING AT SEA			ie, or other description su Ca district of disposition	F. 158. DATE OF DISPOSITIO		C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		NUMBER MATED RE-
						The state of the s		
OR DISPOSITION OTHER			on the state of th	1			-IF APP	DISPOSER

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



INTERMENT ORDER

City of San Diego

Date 10 20 03

Vou are here	uhu authorizad	and instructed	appled to	1239	and regul	etions to i	ntel ythe remains
of		ces		Ell .	alk	مد	8
in a			Funeral,	date, time	140	2 10	27 10:00
	Type of Buriel Con pet Graveside	tainer		: <u>C</u>	AR	منيه	Q Mortuagy
All Funeral c	ars must arrive	before 0:00 p		ar work day	y or an ex	tra charge	6511211A
will be applie	ed and billed to	マーは undersigned.		n	الحف	1/05	10:30
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Grave space	& Care Fund		***********	************			330
Additional sp	saces and care	fund			************		v
Opening/Cio	sing & Setup		-	***********			. 116
Burial Conta	iner	P	AID.				
Handling Fee	es	- 5 E					
Flower vases	s – Marker set	ting to OCT 2	0 2003				5.
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Work Order	. E	1810	70.0	wolce #		3	
REA-104 (7-95)		This info	rmation is	avallable il	n alternat	ive format	s upon request.

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GRAVE BLIND CHECK FORM

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

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Agrees w	vith Map:	9 Yes	□ No Kennet)		

APPLICATION 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 3. DATE OF DEATH 4. SEX 1C. LAST (FAMILY) MONTH, DAY, YEAR MONTH, DAY, YEAR PRANCES LOFTU HATERD 10/19/2002 5A. CITY OF DEATH 5B. COUNTY OF DEATH—OUTSIDE CALIF. 8. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE LA JOLIA LAN DIEGO CHARICE NEWDOICKS-GRANDBAUCHTER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 2115 ORIGIE STREET HE APPLICABLE CALIFORNIA CREMATION & MURIAL CHAPPEL AN DIRCO. CA 92114 5880 EL CAJON BLVD. SAN DIRCO. CA 92115 F-1357 BA. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED 10/22/2003 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Cods, and was eithorized oursuant to Section 7100 of the Health and Safety Cods. CATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9A. AMOUNT OF FEE PAID PERMIT AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 2317429 **AUTHORIZATION OF** IN THIS PERMIT. \$13,00 MOTE: THIS PERMIT GIVES NO INGHT OF BISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL VITAL RECORDS-P.O. NOX 85222 DISPOSITION. DIECO. CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) R. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETRRY 3751 MARKET ST. BURIAL SAN DIRCO. CALIFORNIA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION CHANK ST. LAKE ELSIMORE, CA 92530 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 13B DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUF-15B. DATE OF 15D LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-

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.

DISPOSITION

CHARGE OF DISPOSITION.

FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

DISPOSITION OTHER

THAN IN A CEMETER

MAINS DISPOSER

-IF APPLICABLE

INTERMENT ORDER

Date	10	121	03
Date	lOI	0	103

	MILTOFE CEMETER		
J IN	TERMENT ORD	ER	
near	City of San Diego		ĵ
reset in	500 4 0303000500465	Date 10/2	1/03
1000			1
You are hereby authorized and instr	ructed, subject to your rules	and regulations, to in	ter the remai
of to nadine Fox	smark		
ina	Funeral, date, time		
Type of Burlal Container Church, Chapel, Graveside	20 A C		Mortua
All Funeral cars must arrive before :	3:30 p.m. of regular work day	or an extra charge	of \$
will be applied and billed to undersig	HOLITAGON.		
and the appearance and animal to division			
Lot 343 Grave	Row Section	Division/Bl	0/
Grave space & Care Fund Additional spaces and care fund	DAI	D	
Additional spaces and care fund			
Opening/Closing & Setup	OCT 2 1	2003	
Burial Container	UC1 E 1		
Handling Fees	TUNTUNDE	CEMETERY	
Handling Fees Flower vases — Marker setting ise	MOUNTHOFE	APME:	
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Sales taxes			-
	A	otal Due,	50.0
	Paid receipt number a	ed by MC	50.0
	The state of the s	Balance due	
hereby certify I am the		of the above n	9
and this is your authority to make d	sposition of remains as abo	we indicated. I certify	and represe
that I have the right to make this aut any liability on account of said auth	prization and interment.	u mit. nupe Cemeter)	у палтнева по
l bassburgsidhadaa iba latar-aa illa l	w KMal	ing Loftn	IARK
I hereby authorize the interment in I hold under deed.	Signature Co	Ean Out	LO.
	Addings .	William	alan
Signature of recorded holder of deed	· Africa	valvey Ca.	7197
Pailette _ 18	Z (619)	1479-757	25
faire .	4 6 6		
	102 Invoice #_		
Work Order # E	Acct. #		
REA-104 (7-96) Th	is information is available in	n alternative formats	upan reque

O Printed on recycled paper

E18102

Oct. 19, 2003

To whom it may concern.

I som writing this note to Greenwood Cometary in regards to Jim Hilmore's plot. He passed sway on Feb. 1, 1995, so I no longer have any use for it. His plot can go to tadine Loffmark, as we had made other plans before his death.

arlene H. Gilmore. 244 Las Flores Drive Chula Vista, CA 91910

Phone (619) 420-3791



THE CITY OF SAN DIEGO

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

Street Address: 645 Elkelton Blvd Apt / Unit #: City: Spring Valley ST: CA Zip-Code: 91977 Telephone #: (619) 479-7523 all the cemetery property interment rights situated in Mount Hope Cemetery, in sa of San Diego, County of San Diego, State of California, described as follows: Division: 10 Section: "N/A" Blk / Row: Lot(s): 343 Grave(s): TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above sinterment rights owners, its successors and assigns forever. WITNESS my/our hand this 21 day October 2003 EXECUTED IN THE PRESENNCE OF	October 21, 200	03					
Street Address: 645 Elkelton Blvd	Arlene N. Gilm	nore					
Street Address: 645 Elkelton Blvd	IEREBY REMISE	E, RELEASI	E, AND Q	UITCLAI	M THE I	NTERMENT	RIGHTS
City: Spring Valley ST: CA Zip-Code: 91977 Telephone #: (619) 479-7523 all the cemetery property interment rights situated in Mount Hope Cemetery, in sa of San Diego, County of San Diego, State of California, described as follows: Division: 10 Section: "N/A" Blk / Row: Grave(s): TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above sonterment rights owners, its successors and assigns forever. WITNESS my/our hand this 21 day October 2003 EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:		NAME OF TAXABLE PARTY.					
Telephone #: (619) 479-7523 all the cemetery property interment rights situated in Mount Hope Cemetery, in sa of San Diego, County of San Diego, State of California, described as follows: Division: 10 Section: "N/A" Blk / Row: Cot(s): 343 Grave(s): TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above sometiment rights owners, its successors and assigns forever. WITNESS my/our hand this 21 day October 2003 EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS: Other Present Reserved August 1985 Aug		CONTRACTOR CONTRACTOR				The same of the sa	
all the cemetery property interment rights situated in Mount Hope Cemetery, in sa of San Diego, County of San Diego, State of California, described as follows: Division: 10 Section: "N/A" Blk / Row: Grave(s): TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above someterment rights owners, its successors and assigns forever. WITNESS my/our hand this 21 day October 2003 EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:			T: CA		Zip-Cod	le: 91977	
Division:10	hone #: <u>(619) 47</u>	79-7523					
Cot(s): 343 Grave(s): TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above sometiment rights owners, its successors and assigns forever. WITNESS my/our hand this 21 day October 2003 EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:			TO THE RESIDENCE AND PROPERTY OF THE PARTY O		The state of the s		said City
Cot(s): 343 Grave(s): Grav	on: 10)	Secti	ion:	N/A "	Blk / Row:	" N/A "
NITNESS my/our hand this 21 day October 2003 EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:	: 343	-	505,5150,67		*****	24	
WITNESS Que de Legal Owner Reproductives Significant	nent rights owners IESS my/our hand CUTED IN THE P	s, its successor d this 21 PRESENNCE	ors and as day	signs forev	er.) unto the abov	e said
	WITNES	SS		aw	legal Ow	A JULY net Reprehensive Signatu	nore
WITNESS Legal Owner Reprehensive Signature	WILCES	SS	-	33	Legal Che	mer Reprehensive Signatu	re
Paulette Crawford Paulette Caulo	THE PARTY OF THE P	PACKET STREET		$-\mathcal{L}$	ulei	tte Gaux	ord



Af Lud

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DATE OCE 21,03

You are I	hereby authorized and in:	structed, subject to your rules and regulations, to inte	r the remains
of	COSC	C - 10 da -	1.00
ina	Type of Burlai Container	runeia, date, mile 23 1010	100
Shurch,	Shapel, Graveside	: Hemphreys	Montuary.
All Fune	ral cars must arrive before	e-8-60 p.m. of regular work day or an extra charge of	\$
will be a	oplied and billed to under	eigned.	
70	at 12.1		v 34
Lot 3	arave	_ Row Section _ / Division/Bloc	x 12
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		ot .	1105-
			1113-
Opening	/Closing & Setup		775-
Burlai Co	ontainer	PAID	2011=
	Fees		204
Flower v	ases - Marker setting fee	ет 2 т 2002	
Recordin	ng and filing tee	JC 2 1 2005	50
Sales ta	x88		21.31
	MOUNT	HOPE CEMETE Total Due	113.3/
		Paid receipt number P 5(0812)	2113 31
	a whet of	Belance due	0
	certify I am the	article felly of the above nar	
and this	is your authority to make	disposition of registres as above indicated. I certify a	and represent
any habi	lith ou scoonut of said and to tue uttue to water this s	authorization and I agree to hold Mt. Hope Cometery I thorization and interment	armiess from
Px	urtolo fedro	29 A front letre	
hold und	euthorize the interment in ler deed.	V 29 24 Forstma	NCL
		Address	9/11
Signature of	recorded holder of deed	X JAN Diego	Zip Code
Sh	n	XES8 565 054	<i></i>
70	10-21-03P	02:55 PAID	
	_ 18	3103 Invoice #	
Work Or	der# E	Acct. #	

© Printed on respoled paper

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

	ial space.	1			
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		х	y		
		Puchan	ar Dawn		
Interme	heck Initiated By ent space for:	Sose	Pedro	na	10101
Div. L	Sect: 1	_ Blk/Row: _	Lot: _	12 G	r: 12
	ald out by: \\c	TO THE TOTAL OF THE PARTY OF TH			
Grave L	with Legal Card		J No J	lac	M
Grave L Agrees		Yes C	1	las	m nave

I 18103

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		- 1	2. DATE OF BIRTH	3. DATE C		4. SEX
JOSE		LUIS	PEDROZA			07/20/1962	10/20	/2003	M
SAN DIEGO		W	EMITED STATE	ATH-OUTSIDE CALIF., SAN DIEGO	OF INF	RELATIONSHIP, FULL I ORMANT PEDROZA (1		iess and zi	P CODE
HUMPHREY C	MULA VISTA	A—FUNERAL DIRECTOR OR PERSON / HORTUARY VISTA, GA 91910		CALIF LICENSE NUMBER —IF APPLICABLE FD 964	6934 SAN	BASTMAN ST DIEGO, CA S	?. 2111	nt, 88. DAT	E SIGNED
ACKNOWLEDGMENT OF A		chrowledge as applicant that the proposed dispo- 376 of the Health and Safety Code, and was author			M	Down		10/2	2/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUE SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED DISCHI OF DISPOSAL OUTSIDE OF CALFORNIA.			003	9C. SIGNATURE OF LC 2317432	OCAL REGIST	RAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RE IF DEATH OCCURRE P.O. BOX SAN DIRCE	85222		ADDRESS OF REGISTRAF F DISPOSITION IS TO OCC			MINIS		•
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM. EMETERY SE	DORESS OF CALIFORNIA CEMETER				I. DISPOSITION (Name and)	(ddress)	***************************************	
BURIAL	3751 MARKI	T ST., SAN DIEGO,	GA 92102	10.24.0	3	fine 1	- 4	wa	
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMATO	PAC	12B. DATE CREMA	TED 120	SIGNATURE OF PER	SOM CHAI	OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B: DATE RECE	IVED 13C	. SIGNATURE OF PER	RISON IN CHA	PIGE OF FA	CILITY
TRANSIT		ODRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPF	PED 140	. ADDRESS AND SIGN OF PLACING WITH			CHARGE
BCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH INTIFY FINAL PLACE AND CA DISTRIC		- 158. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		OF CREA MAINS D —IF APP	ATED RE-

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

MT. HOPE CEMETERY INTERMENT ORDER



City of San Diego

Date 10- 22: 03

PERSON VICENSIA	ohnson 227180
in a Type of Burtel Container	Funeral, date, time FRiday October 24 1
Church, Chapel, Graveside	: CA BULLIAL Mortuary
All Funeral cars must arrive before 3:30 ;	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	·
Lot 55 Grave \$10 Row	Section / Division/BioCK 98
Grave space & Care Fund	985.00
Additional spaces and care fund	<u> </u>
Opening/Closing & Setup	PAID 413 DO
Buriel Container	FAID 209.00
Handling Fees	OCT 2 2 2003 160 W
Flower vases - Marker setting fee	
Recording and filing fee	HOPE CEMETERY 50.00
12 G T 1 (G T T T T T T T T T T T T T T T T T T	16:20
-0.1	W. 2. 10 P.
nor1-	7833.20 Total Due
10-1	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make dispos that I have the right to make this authoriz any liability on account of said authorizat	
I hereby authorize the interment in lot I	(See altached
	Always and a second a second and a second and a second and a second and a second an
hold under deed.	Ethiosa
hold under deed. Signature of reconfed holder of deed	Address
	City Zip Gode
Signature of reconfied holder of dised	AND THE RESERVE AND THE PARTY
Paulatte 1810	City Zip Gode Telephone
Signature of reconlant holder of dead	City Zip Gode Telephone

@ Frinted on respeint paper

9

MT. HOPE CEMETERY

INTERMENT ORDER

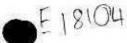
AT NEED

City of San Diego

Date 10-22-03

he Liner	Funeral, date, time FRiday OC	
Church, Chapel, Graveskis	: CA BURIAL	(An a T.A)
All Funeral cars must arrive before 3	ESO p.m. of regular work day or an extra charge	3N <u>~</u>
will be applied and billed to undersig	ned	
Les 55 Grana \$10 :		A9- 10
Lot 50 Grave 4 10	Row Division/5	
Grave space & Care Fund	PAIU	985.00
Additional spaces and care fund		
Opening/Closing & Setup	OCT 2 2 2003	413 00
		209.00
Hending Feet	MOUNT HOPE CEMETERY	160.00
Recording and filling fee		50.00
and the Cartesian	**	
nort. To PRY	Total Dus	
nort.	Paid receipt number	
Net Telescal Salice and	Catco	10 March 17 19:
hereby certify (am the	spection of remains as above indicated, i certi- rortzation and I agree to hold lift. Hope Cemater	hy and represent
I heraby suthertize the interment in is hold under dead.	133 Tollenbuch	tev & Mins OU 9
06	(619)263-5955	- 25 Can
Vaulatte 181	1 0 4 Involce #	
PEA-104 (7-86) This	s information is available in eliarnative format & Fried a supply	is upon request.





GRAVE BLIND CHECK FORM

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

	PHIEN	Bates	
	x	Bopan	
		10.135	

				3		
Blind Che	eck Initiate	ed By: L	aulet	te C.	Date:	10/
				Johnso		
Interment	Date: 14	- 24-6	03	Time: 1.0	io church	
Div: 12	_ Sect:_	/_ B	lk/Row: _	Lot:	_ <i>55</i> _ G	r. 10
Grave La	id out by:	noof	on Fo	ngusa	^	
Agrees w	ith Legal	Card: 13	-Yes	□ No		200

Agrees with Map: Yes

Blind Check & Verified By: Kennoth Callin

E 18104

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT—FIRST (GIVEN)	IB. MIDDLE	IC. LAST (FA	MI V	2 DATE OF BIRTH 3. DA	TE OF DEATH 4. SEX
1			L.	JOHN:		68/12/1913 10/	19/2003 P
5/	CITY OF DEATH	_			F DEATH-OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
	SAN DIEGO			ENTER ST	SAN DIEGO	OF MEGHANT NELLIE M. WRIGHT-DA	UGHTER
7,4	CALIFORNIA	CREMATION	& BURIAL CH	MANUSCH STREET	IF APPLICABLE		REET
	DESS EL CA		SAN DIEGO,	de la companya de la	FD-13537	84 SIGNATURE OF APPLICANT—Person below	
_	ACKNOWLEDGMENT OF TO			ne proposed disposition stated herein is to used was authorized pursuant to Section		Klunt Kunen	10/22/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE GALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE VI ORINIA HEALTH AND SAI TY FOR THE DISPOSITION O NIGHT OF DISPOSAL OUTSIDE	SPECIFIED 13.			EGISTRAR ISSUING PERMIT
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	SAN DIEGO	COUNTY VIRA			IR OF DISTRICT OF DISPOSITION— CUE IN ANOTHER DISTRICT IN CALIFORNIA	•
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER	'S USE ONLY
NAME OF TAXABLE PARTY.	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	IIA. NAME AND AL	DORESS OF CALIFORN	. — os=	CALIFORNIA D OUTSIDE OF CALIFORNIA 11B. DATE BUR	ED 11C SIGNATURE OF PERSON IN	
BLE ITEMS	CREMATION		DORESS OF CALIFORN		128, DATE CREM		CHARGE OF CREMATION
ALL APPLICABL	SCIENTIFIC USE	13A. NAME AND AC	ODRESS OF CALIFORN	IA FACILITY RECEIVING REM	IAINS 138. DATE RECI	EIVED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE A	TRANSIT		ORESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHEN	IE 148. DATE SHIP	PED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
ŏ	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			LINE, OR OTHER DESCRIPTION D CA <u>DISTRICT</u> OF DISPOSITI		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



MT. HOPE CEMETERY INTERMENT ORDER

Agrud

City of San Diego

Deta	101	88	3
Date_	30	1	3000

You are hereby authorize	d and instructed, subject	ect to your rules and n	egulations, to inte	r the remains
4		CEL	1 45/01:	0:0
Type of Burlei Co	ontainer			
Church, Chape) Gravesk	Je		3 dage	Mortuary.
All Funeral care must arri	ve before \$500 p.m. of	regular work day or a	u extra charge of	\$
will be applied and billed	to undersigned.			144244
Lot Grave_	12 Row	Section 1	Division/Bloo	* 12
Grave space & Care Fun	db	O		985
Additional spaces and ca	re fund	Marker	stallop_	138,0
Opening/Closing & Setup	X:	100	8,	413-
Grave space & Care Fundadditional spaces and carditional spaces and carditional spaces and cardinary/Closing & Saturp Burial Container	<i>&</i>	S. EWE.		275
Handling Fees	.0-	OE O		204-
Flower vesse - Marker se	atting fee	ako.		
Recording and filing fee	.,OU	3		50-
Sales texes	,,,			21.31
March -	b 00.00	∠ _{Total D}	14	448.31
monrone	10 bent	solot number R - 5	68776 H	948.3
	, , ,	20	86.37 Belence due	EX
X		pe"	100000000000000000000000000000000000000	
I hereby certify I am the and this is your authority	to make disposition of	remains es above in	of the above nan dicated. I certify a	and represent
that I have the right to ma any liability on account of	said authorization and	d interment.	riope Cemetery n	armess from
		X	- 1	.d/
I hereby authorize the inte hold under deed.	erment in lot i	X MI	lach	
		-	U	
Signature of recorded holder of dead		De 1		Zip Gode
vim		futuplicane	1000	
(0.	18105	Invoice #		
Work Order & E	10105	Acct. #		
964-104 (7-98)	This lefermati	on is available in site	mative formate v	man mariant

P01

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10/28/05

You are hereby exthated and instructed, subjection	ect to your rules and regulations, to inter the remains
	meral, data, time Fr: 19 24 10:00
A Det M minis Contract.	(one of one
Church. Grevelide	
All Puneral care must errive before \$500 p.m. of	regular work day or an extra charge of \$
still be applied and billed to undersigned	
Let 17 Brieve 12 Row	Section Division/Ricck 12
Grave space & Care Fund	<u> </u>
Additional apaces and care fund	<u> </u>
Opening/Closing & Satup	<u>412</u>
Buriel Consulter	275_
Handing Fees	<u>>84</u>
Pigwer Wees - Marker eating tes	
Recording and filing fee	50,
Galos 187gs	2(3)
	Total Due
Paid re	coiot number
	Retence due
thereby carried any that Daughter	
and this is your authority to make disposition of that I have the right to make this authorization of any liability on account of seld authorization an	of the tibore parted deceders fremains as above indicated. I certify and represent and I agree to hold lift. Hope Comptery harmises from id interment.
t hareby susherize the interment in lot I hold under dead.	8600 Stratton Farm Road
	Huntersville, NC 28078
ST WINESMALTHE	(704) 875-0205
_ 18105	Invoice 0
Work Order & E	Acat #

GRAVE BLIND CHECK FORM

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

the bur	rial space.			A STATE OF THE PARTY OF THE PAR	
		Buchanan	Boven		
		x	puse	Dease	
	Ludwick				
nterm	Check Initiated By: ent space for: 1 ent Date: 1	Tankie	Ree	se	
Div:	Laid out by:	Blk/Row:	Lot:		
	s with Legal Card:			lag (\mathcal{M}
	s with Map: 19-Ye			1 Jan	gue
3lind (Check & Verified	By: Konne	A Collin	Date:	10/24/

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

A. NAME OF DECEDE	NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		1C. LAST (FAMILY)			ATE OF DEATH 4. SEX
Frankie		74	Reese			72072003 F
San Die	ego		ENTER STATE	iego	6. NAME, RELATIONSHIP, FULL MAILIF OF INFORMANT CTRIBLA Y. JAMES,	BOTHOLD REPORTED MANAGEMENT
Anderson-1	ORESS OF CALIFORNI	rtuary, 5050 Fede	ral Blvd - IF AF	LICENSE NUMBER PLICABLE	SUBA STRATTON FARM HUNTERSVILLE, NC 2 BA SIGNATURE OF APPLICANT—PERSON IN	ROAD 28078
ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed disposition at- and Safety Code, and was authorized pursuant to Sec			> 11 and and Las	- 10/22/200
PENMI	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS PECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A AMOUNT OF FEE PAID	98. DATE PERMIT IS 10/28/20 B. Campbe	03 2317481	ISTRAR ISSUING PERMIT
	Vital Reco	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA TAS, P.O. BOX 852 CA 92188-5222	IF DIS		F DISTRICT OF DISPOSITION N ANOTHER DISTRICT IN CALIFORNIA	
O. AUTHORIZED DISPOS					FOR CORON	OR'S USE ONLY
THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS CITERY	OTHER DRESS OF CALIFORNIA CEMETER Cemetery, 3751 Ha		F CALIFORNIA	(Name and Address) 11C. SIGNATURE OF PERSON II	N CHARGE OF BURIAL
BURIAL		, CA 92102		10-24-	Sum F	homes
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSONA	NEHARGE OF CREMATIN
SCIENTIFIC	13A. NAME AND AD	ORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	ED 13C. SIGNATURE OF PERSON I	N CHARGE OF FACILITY
TRANSIT	The second of th	DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATUR OF PLACING WITH THE CA	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE, OR (DIDENTIFY FINAL PLACE AND CA D EA. <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON I 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.



INTERMENT ORDER

Praudjos

TIN of San Diego

	subject to your rules and regulations, to inter the remains
a James 6	5 cen 227171
in a	Funeral, date, time
Church, Chapel, Graveside	: Moyor Mortuary.
All Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 37 Grave 5 Row_	Section 2 Division/Block 12
Grave space & Care Fund	
Additional spaces and care fund	71.5-
Opening/Closing & Setup	413
Buriel Container	<u> 2016</u>
Handling Fees	ΔID <u>160</u> -
Flower vases - Marker setting fee	AID
Recording and filling fee	14.90
Sales taxes	16.80
MOUNT HO	PE CEMETERY Due
Pak	d receipt number \$56823 (830.00
J	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Reduran.
Signature of recorded holder of deed	Za Code Tantiphone
Work Order # E 18106	Acct. #
REA-104 (7-96)	E 18 106 ve formats upon request.

Die Porter

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct 29 03

You are hereby authorized	and instructed, s	subject to your rul	es and regulation	s, to inter the remains
in a ASN UO.	- Flu	Funeral, date, ti	mo Hon	1/310:00
Church, Chapel, Graveside		st i	Commun	Way Mortuary.
All Funeral cars must arrive	before 9:50 p.m	n. of regular work	day or an extra cl	narge of \$ \
will be applied and billed to				
Lot 525 Grave	Row_	Section	Divis	sion/Block_10_
Grave space & Care Fund .		E 1	20	-
Additional spaces and care				
Opening/Closing & Setup				<u> 1/40 </u>
Buriel Container	D	VID Lo	birm	~

Flower vases - Marker setti	ng fee	יי מחמי מיי		
Recording and filing fee	061	2 3 2003		50
Sales taxes	OUNT HO	PE CEMET	ERY	4 15
	100111 110		Total Due	291.13
	Palo	d receipt number.	K 5688	19 29 10 15
200794	1 5 5 \$1100 F41 h00 h00 h	2000	Balanc	se due
I hereby certify I am the and this is your authority to that I have the right to make any liability on account of se	make disposition this authorization	on of remains as a on and I agree to and Intermed.	above Indicated, I hold Mt. Hope Ce	metery harmless from
I hereby authorize the intern	nent in lot I	Skineting (and V	scepi
hold under deed 03A10:	OS PAID	X 30	32 SX	IPPER 57
Termed recorded holder of deed		Talaphona	8-270	-7021
-	18107	Invoice #		
Work Order # E		Acct. # _		
REA-104 (7-96)	This inform	nation is available	e in alternative fo	ormats upon request.

D Printed on recycled paper



GRAVE BLIND CHECK FORM

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

e:	Speece	2			Sugita
			Times -		
	Kando	Osaki	x	Tamiyana	Hartinez
		Mayball	Υ	Mengust	1

	COL TO	Coxe		Countain	BACK LINGS	
		Mayeshi	Y	Hospial		
		ed By:		XVESS	_ Date: _1	
		r. <u> </u>				
	TOTAL TOTAL CONTRACT	Blk			5299 Gr	:
Grave La	id out by	Norman	Fly	w_		
Agrees w	ith Legal	Card: OY	es [J No	tras	9
Agrees w	ith Map:	Yes		10/	E	we
Blind Che	ck & Ver	ified By	L+	Que	Date:\(0.30.0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

IA. NAME OF DECED		AND THE PERSON NAMED IN	THICOURS ON G	THER ALTERATIONS
Louise	ENT—FIRST (GIVEN) 18. MIDDLE Tsuruko	Osaki		2. DATE OF BIRTH S. DATE OF DEATH 4. S. MONTH, DAY, YEAR MONTH, DAY, YEAR 10/27/2003 F
San Diego		58. COUNTY OF DEAT	n Diego	6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CON OF INFORMANT Earl Osak1 - Husband
Community	ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON Mortuary way Chula Vista CA 91911	ACTING AS SUCH 78, CA	F LICENSE NUMBER	3032 Skipper St San Diego California 92123
ACKNOWLEDGMENT OF	THE RESIDENCE OF THE PARTY OF T	courtour stated hereon is one of the	dispositions authorized by	BA. SIGNATURE OF APPLICANT—Person lang person BB. DATE SIG
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 PRIMIT GIVES NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE P		ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PER
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAH OF DISTRICT OF DEAT * DEATH OCCURRED IN CAUFORNIAVITAL Rec- San Diego County P.O.Box 85: San Diego CA 92186-5222	orde IF I		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUFORNIA
N CREMATION	JSE	F. DISINTERMENT G. SHIP IN TO CALIFO H TRANSIT TO OUTS	PRNIA	L DISPOSITION PENDING—REMAINS LOCATE (Name and Address)
BURIAL	Mount Hope Cemetery		11B. DATE BURIER	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL CREMATION		fornia 92102 ORY	11B. DATE BURIER	ED 120. SIGNATURE OF PENSON IN CHARGE OF CREMATI
2	Mount Hope Cemetery 3751 Market San Diego Calif 12A NAME AND ADDRESS OF CALIFORNIA CREMAT Cremation Services Inc	fornia 92102 ORY 2083	1/-3-0 1928. DATE CREMAT	ED 120. SIGNATURE OF PENSON IN CHARGE OF CREMATI
CREMATION SCIENTIFIC	Mount Hope Cemetery 3751 Market San Diego California CREMAT Cremation Services Inc 2570 Fortune Way Vista CA 92	Fornia 92102 ORY 2083 RECEIVING REMAINS COUNTRY WHERE	1/-3-0 1928. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY TEO 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

Atrud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10-			Date (C)	07
	Duarth netween votages, where be set		227188	week to be a second or the
You are hereby authorize				inter the remains
or <u>va</u>	cqueli	ne :	schisler	
ina Linet		Funeral, date, ti	me Mon "	3 11:00
Church, Chapel, Gravesi	de	;	Borbough	Mortuaçy.
All Funeral cars must am	ive before p.m	of regular work	day or an extra charg	e of \$
will be applied and billed	to undersigned		1	
Lot 54 Grave_	8 Row_	Section	_2_ DivisionA	alock 12
Grave space & Care Fun	d			<u> 985 </u>
Additional spaces and ca	re fund			
Opening/Closing & Setup		HD		413
Burial Container		F 1 -		209
Handling Fees	OCT 2	9 2003		160
Flower vases - Marker s	etting fee			
Recording and filing fee .	MOUNT HOP	E CEMETE	RY	_50-
Sales taxes				<u>16-80</u>
			Total Due	1833.00
	Paid	receipt number.	K56830	CS: 8E8
	٥		Balance du	·
I hereby certify I am the	Friend		of the above	named decedent
and this is your authority that I have the right to me	to make disposition	n of remains as a	shove Indicated, I cart	ity and represent
any liability on account o	said authorization	and Interment	1000	\sim d
I hereby authorize the int	arment in lot I	ne.	mtall	M_
hold under deed. 10-29-03A1		XUL 2	SBIV MAN	Rd Ste 30:
ATTAL WORLD HERBYCLE	INC. SES WICHMAN	Acideso	0 04 9	2126
Signature of recorded holder of deed		STOR	S 019 0	718 Ap Code
11/1		Takinhone	20. 24.1. 2	
fam	18108	Invoice #		
Work Order # E	10100	Acct. #		-11-12-1000-X
REA-104 (7-98)	This inform	24.52	le in alternative forma	ts upon request
reserve the region was	CT. (4.00 CT. (4.00 CT.) (4.00 CT.)	THE REST LESS AND LOSS OF THE PARTY.	A THE RESERVE AND A PROPERTY OF	THE PERSON NAMED IN

C Printed on recycled paper

GRAVE BLIND CHECK FORM

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

	1 2 -			-		
		1			-	
3	True	land		Nowen		
		Major	x	Garcia		
		Pourdors		Dunlay	>	
		ed By:				10/29
ntermer		lon "	3	Time:	11-00)	
ntermer	nt Date:		3	Time:	11-00)	
ntermer Div: <u>l</u>	nt Date:{ }Sect:_	lon "	Row: _	Time: Lot: _	11-00)	
ntermer Div: <u>lø</u> Grave La	nt Date: Sect: _ aid out by:	100 11/2 2 BIWI	Row:_	Time: Lot: _	jr.00) 54 g	
ntermer Div: <u>lø</u> Grave La Agrees v	nt Date: Sect: _ aid out by:	Lon (1/2 2 Blk/l Norman Card: □Ye	Row: _	Time:Lot:_	jr.00) 54 g	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS []

E18108

LISE BLACK INK ONLY - MAKE NO EBASLIBES, WHITEOUTS OR OTHER ALTERATIONS

IA. NAME OF DECEDE	NTFIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF	BIRTH 3. DAT	E OF DEATH	4. SEX
JACQUELINE DOWARDA		SCHISLE	R	06/21/	Y, YEAR MONTH	1, DAY, YEAR 25/2003		
5A. CITY OF DEATH			5B. COUNTY OF DE	ATH — OUTSIDE CALIF.,	6. NAME, RELATIONS OF INFORMANT	HIP, FULL MAILING	ADDRESS AN	D ZIP CODE
SAN DIEGO	le		S.	IN DIEGO	STEVE SCHI	SLER - HO	SBAND	
		- FUNERAL DIRECTOR OR PERSON.		LIF LICENSE NUMBER APPLICABLE	1676 PETAL	The second secon	131	152
	THE RESERVE OF THE PARTY OF THE	3051 EL CAJON BLV	D	ec gases (SAN DIEGO			i.
SAN DIEGO	I I hamby artner	wiedge as applicant that the proposed disposition sta	11.50	0-480	BA. SIGNATURE OF AF	SANGER CONTRACTOR OF THE PARTY OF		
ACKNOWLEDGEMENT OF A	APPLICANT of the Health as	nd Safety Code, and was authorized pursuant to Sec	ction 7100 of the Health and Salety	Code		Valenta	2607 NHCV	/2003
		ACCORDANCE WITH PROVISIONS OF IND SAFETY CODE AND IS THE AUTHOR-	9A. AMOUNT OF FEE PA	10/31/20	THE RESERVE AND LINES AND SERVED BY THE RESERVE OF THE PARTY OF THE PA	RE OF LOCAL REGIST	TRAR ISSUING PE	ERMIT
ACTION CONTRACTOR OF	ITY FOR THE DISPOSITION	SPECIFIED IN THIS PERMIT.	\$13.00			113		
LOCAL REGISTRAR		RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA GISTRAR OF DISTRICT OF DEATH	T OF A	P VALERTINE PROPERTY OF DISPOSITION —				
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	IF DEATH OCCURRE	D IN CALIFORNIA	F. 1700 16		IN ANOTHER DISTRICT IN			
PERMIT TO SHOW FINAL DISPOSITION		ORDSPO BOX 852	22	848		1000		
Structure of	STION(S) CHECK APPLICA	CA 92186-5222			Ť	FOR CORONOR	E HE ONLY	
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS OTTERY	THER C	F. DISINTERMENT G. SHIP IN TO CALIFOR D. TRANSIT TO OUTSIG	PNIA		POSITION PENDING — ne and Address)		
BURIAL		DRESS OF CALIFORNIA CEMETER CHETERY 3751 MARKI CA 92102	77 6 77 77 77 77 77 77 77 77 77 77 77 77	118. DATE BURIE		E OF PERSON IN	CHARGE OF BI	URIAL Kura
CREMATION	12A, NAME AND AD	DRESS OF CALIFORNIA CREMATO	ORY	12B. DATE CREM	ATED 12C. SIGNATUR	RE OF PRISON IN	CHARGE OF C	REMATION
SCIENTIFIC USE	13A. NAME AND ADD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEI	VED 19C. SIGNATUR	RE OF PERSON IN I	CHARGE OF FA	ACILITY
TRANSIT	CO SHOP OF CHARACTER AND LINES OF THE CO.	DRESS IN RECEIVING STATE OR C PREMATED REMAINS ARE TO BE		14B. DATE SHIPP		AND SIGNATURE ONE WITH THE CARI		CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT SE	REST POINT ON SHORELINE, OR IDENTIFY FINAL PLACE AND CAID (A. ONLY ENTER LATITUDE AND LO	NSTRICT OF DISPOSIT	15B. DATE OF ON. DISPOSITION		RE OF PERSON IN OF DISPOSITION		E NUMBER OF REMAINS DIS- APPLICABLE

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

Athur

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Def 29 03

You are hereby authorize	ed and Instructed, subje	ct to your rules and	regulations, to	inter the remains
no DDC	-	neral, date, time.	w 2 10	00:00
Church, Chapel, Gravesi		. Gu	ielabar	Dall Warner
All Funeral cars must am	ive before 0:00 p .m. of	regular work day or a	an extra charge	of \$
will be applied and billed	to undersigned.		1000	
Lot_5(p_ Grave_	<u>₹</u> Row	Section	Division/i	300X_10
Grave space & Care Fun	d	***************************************		<u> 985 – </u>
Additional spaces and or	ere fund			
Opening/Closing & Setup		AID.	***************************************	<u> 43</u>
Buriel Container	<i></i>	עור		418-
Handling Fees	OCT 2	- a - 2002		352
Flower vases - Marker s	etting fee		******************	
Recording and filing fee .	MOUNT HOP	FCEMETED	v	_ <u>50 _</u>
Seles taxes		- oraciri	·····	3240
	Paid rec	elpt number RS	Dua (6831	2350.40
I hereby certify I am the sand this is your authority that I have the right to many liability on account o	rtifmake disposition of	nd I agree to hold Mt	refleated I cort	named decedent
I hereby authorize the in hold woder/deed 0.3 A 1 (erment in lot I	X 4179	Chamo	tune av.H.
Bignature of recorded holder of deed			0636	(ec. 92109)
· -	18109	invoice #		
Work Order #		Acct. #		
REA-104 (7-96)	This information	n is evallable in alt	ernative forms	ts upon request.

O Printed on respeled paper

GRAVE BLIND CHECK FORM

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

Perger ×	roce tree	esel		
	x		Pergu	
Blind Check Initiated By: Date:(S)	De 11 - 12 25			

Agrees with Legal Card: 2 Yes

Agrees with Map: X Yes

Grave Laid out by: 1 brange

Blind Check & Verified By: ///

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 18. MIDDLE ME OF DECEDENT-FIRST (GIVEN) IC. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 11/24/1988 10/26/2003 NADIA SALAS-OUTROZ 58. COUNTY OF DEATH-OUTSIDE CALIF. SA. CITY OF DEATH 5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT SAN DIEGO SAN DIFGO JOSE SALAS-FATHER 4179 CHAMOUNE AVE. GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIFFSO, CA. 92105
BA. SIGNATURE OF APPLICANT—Propen takes permit, 88, DATE SIGNED

PLULE CHULCHT10/29/2003 SAN DIEGO, CA.92102 FD-1425 elle Chall 10/29/2003 I hereby acknowledge as applicant that the projected disposition stated herein is one of the dispositions authorized by Section 10376 of nie Health and Safety Code, and mis authorized pursuant to Section 7100 of the Health and Safety Code. ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SELENE CHAVEZ 2317812 AUTHORIZATION OF LOCAL REGISTRAR IN TYPE PERMIT.
HOTE: THE PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 1 \$13.00 10/29/2003 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI TION REQUIRES A NEW PERMIT TO SHOW FRIAL DISPOSITION. IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIECO CA 92102 FOR CORONER'S USE ONLY E. TEMPORARY ENVAULTMENT I DISPOSITION PENDING-REMAINS LOCATED AT X A. BURIAL (INCLUDES ENTOMBMENT) (Name and Address) F. DISINTERMENT DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY P. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED 1 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIA" MOUNT HOPE CEMETERY, 3751 MARKET ST. MIN Tamber SAN DIEGO, CA. 92102 128 DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION APPLICABLE ISA. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE T 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE COMPLETE OF PLACING WITH THE CARRIER TRANSIT 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 150. LICENSE NUMBER OF CREMATED RE-MAINS DISPOSED SCATTERING AT SEA 158. DATE OF DISPOSITION OR DISPOSITION OTHER IF APPLICABL THAN IN A CEMETERY Y 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS SPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

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

VS9 (REV. 6/81)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

33	LEED
as	Mo-

Date 10-29-03

9C+		Processing for house with the set and accompany	Accessed to the second of the	
You are hereby suithorize	R. GLLES		227191	ter the remains
THE PROPERTY OF STREET		500-	TUES NOV	1:00
in a Type of Burlet	Contribute	neral, date, time _	We then will be a second	
Church, Chapel, Gravesi	de	: <u></u>	A BURIAL	Mortuary.
All Funeral cars must arr	tve before 3:30 p.m. of	f regular work day o	or an extra charge o	1\$
will be applied and billed	to undersigned			
Lot 217 Grave_	+ Row _	Section	+ Division/Blo	8
Grave apace & Care Fur	3.0)	330.00
Additional spaces and ca	are fund	1 / 21=		
Opening/Closing & Setu Burial Container	p	OCT 2 9 20)03	116.00
Burial Container	NA			
Handling Fees	NOM A/A	INT HOPE C	EMETERY	
Flower vases - Marker s	etting fee			
Recording and filing fee				_50.00
Sales taxes				Second
		Tot	al Due	49600
	Dold on	celot number_R	-56 833	496.0
	Paldie	ceibt ununger = 77	Balance due	8
	March	411		
I hereby certify I am the and this is your authority that I have the right to m any liability on account of	y to make disposition of ake this authorization of	and I agree to hold	e indicated. I certify	amed decedent and represent harmless from
I hereby authorize the in hold under deed.	terment in lot I	Station 22	Angelu	save
Signature of recorded holder of dead		(6/9)	501-066	2 Zp Code
Paulette	181 10	Invoice #	991-0074	
Work Order # E		Acct. #		
REA-104 (7-96)	This informat	ion is available in	alternative formats	upon request.

@ Printed on recorded paper



F18110

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

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	x	Purdy	
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L		Q16 4 36		K Townson State of	
	Initiated By: \overline{P}				
	ace for: ESS				
	te: Jues 71			The second of the second	
	Sect: 4 B	0		3 (7 Gr	:
Grave Laid o	ut by: Norma	an Fary	uen		
Agrees with I	Legal Card; 🖻	Yes 🗆	No /	1000	gave
Agrees with I	Map: 🕑 Yes		· /	100)
Dlind Chack	& Varified By:	11 .1	HPM	Data	10/30/03

18110

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	Wes	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
ESSIE RAY		GILLESP		05/17/1939 10/21/2003 F		
	AN DIEGO	MACCO CONTROL	The contract of	SAN DIEG	ATH-OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT TONY TABBS—SON
(CALIFORNIA	CEEMATION &	A-FUNERAL DIRECTOR OF BURIAL CHAP SAN DIEGO, CA	nb i	CALF. LICENSE NUMBER IF APPLICABLE FD-1357	2534 INMAN CT. SAN DIEGO, CA 92111
-	ACKNOWLEDGMENT OF A	new cases hereby o	characteristics as applicant that the	proposed disposition stated herein is one of and was authorized pursuent to Section 7100 o	the dispositions authorized by	88. SIGNATURE OF APPLICANT—Person Interpretation 88. DATE SIGNET
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S DIMENT OF INSPOSAL OUTSIDE OF	TY CODE PECIFIED	J. BRNYA	ARD 2317847
O.	N CHANGE IN DISPOSI- ION REQUIRES A NEW EIMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	GISTRAR OF DISTRICT B IN CAUPORNIA DRDS-PTO. BOX CA 92186-52	85222		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
Second Second	A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC U	OF CREMATED REMA EMETERY SE	AINS OTHER	A CONTRACTOR OF STREET	VANUE NO.	
.03	BURIAL		EMETERY 3752		11-4-03	3 - Kum F. Jann
UBLE ITEMS	CREMATION	CREMATION 12A, NAME AND ADDRESS OF CALIFORNIA CREMATOR		CREMATORY	128. DATE CREMA	ATED 12C, SIGNATURE OF PERBON IN CHARGE OF CREMATION
LL APPLICABI	SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY		FACILITY RECEIVING REMAINS	138. DATE RECE	EIVED 19C, SIGNATURE OF PERSON IN CHARGE OF FACILITY	
14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S			14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY				15B. DATE OF DISPOSITION	15C, SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CHEMATED RE-MAINS DISPOSER —IF APPLICABLE	

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



INTERMENT ORDER

AT NEED

City of San Diego

Dete 10 29 03

K,		54.5		
You are hereby authorized and instructe	A	les and regulation	ons, to inter t	he remains
or <u>TEDRO</u> RU		å		10:00
in a LINER Type of Burled Container	Funeral, date, t			31.
Church, Chapel, Graveside		CAB	IRIAL	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work	day or an extra	charge of \$	
will be applied and billed to undersigned	L			
Lot 172 Grave 7 Row		DI	vision/Block	12
Grave space & Care Fund	DAIR			18200
Additional spaces and care fund	PAIL)	-	
			9	13.00
Opening/Closing & Setup Burial Container	OCT 2 9 200	ß	ê	00.PO
			1	6000
Handling Fees	INT HOPE CE	METERY		BU-YEOURIS
Recording and filing fee				5000
Sales taxes				16 20
Sales taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO A STATE OF THE	18	238 90
		D- 567	32 7	(22 a
,	Paid receipt number	K-20 (100	5000
	×	0.000	ance due	~
I hereby certify I am the and this is your authority to make dispo	WIFE	of the	above name	d decedent
and this is your authority to make dispo that I have the right to make this authoriza any liability on account of said authoriza	zation and I agree to	hold Mt. Hope	Cemetery has	d represent miess from
I hereby authorize the interment in lot I	×	ficia	Reiz	
hold under deed.	Signature 80/8	rnoile	Dood	Rd
Sheeban of spoorded holder of dead	Address	De	MA S	92114
Paul atte	City	619) 21	3-93	48
1811	1 Invoice			
Work Order # E	Acct.#			
			AND	and the state of t





GRAVE BLIND CHECK FORM

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

	VONO CO	Parocu	ne		
		x	260		
		-	-		
Blind Check Init Interment space	for: Ped	ro Rui		_ Date: _	<u> 10/29/0</u> 3
Div: 12 Sec	ct:	Blk/Row: _	Lot:		Sr. 7
Grave Laid out l	phis/os	nont	ing-w		- LAA!
Agrees with Leg	al Card: [J Yes	O No	×100 8	n grave
Agrees with Map			至人[10-290

EISILI

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		IC. LAST OFAM	NLY)		*	2. DATE OF BIRTH		OF DEATH	4. SEX
PEDRO		Α.	j	RUIZ				MONTH, DAY, YEAR 12/27/1943		6/2003	M
SA. CITY OF DEATH		No.	58. COUNTY OF DEATH-OUTSIDE CALF.,			B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE					
SAN DIEGO				SAN DIEGO			LETICIAL UIZ-WIFE				
CALIFORNI	A CREMATION	MA-FUNERAL DIRECTOR OF BURIAL CH	APEL	576476 3846		LICENSE NUMBER PLICABLE	0.0315704050	DIEGO, CA 92	31500000000		,
5880 EL C	AJON BLVD.	,SAN DIEGO, C	A 9211	5	F-13	57		ATURE OF APPLICANT—P		rmt 88 DAT	SIGNED
ACKNOWLEDGMENT OF A	Section 10	ecimowledge as applicant that the p 1376 of the Health and Safety Code, a	and mas authorized	persuant to Section 7	LOO of the Hea	Alth and Salety Code.	1 10	unit Cen	21	-	0/2003
PERMIT	SIONS OF THE CALIF	LIED IN ACCORDANCE WITH FORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S	TY CODE	de sancia como	FEE PAID	9B. DATE PERM	i	90. SIGNATURE OF LOC 2321949	CAL REGIS	TRAR ISSUM	3 PERMIT
AUTHORIZATION OF IN THIS PERMIT. LOCAL REGISTRAR MOTE: THIS PERMIT GRES NO MENT OF DISPOSAL OUTSIDE OF CALIFORNIA.				13.00		C.RUSS		D			
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SETTION FINAL DISPOSITION	VITAL RECO	EGISTRAR OF DISTRICT OF DISTRI	5222	1 8				RICT OF DISPOSITION— OTHER DISTRICT IN CALIFOR	144		•
10. AUTHORIZED DISP			200-100					FOR CORC	DNER'S	USE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CC	OF CREMATED REM EMETERY	ains other		E. TEMPORARY F. DISINTERME! G. SHIP IN TO (H. TRANSIT TO	NT CALIFORN			I. DISPOSITION I		HEMAINS LO	CATED AT
BURIAL	MT. HOPE	DDRESS OF CALIFORNIA CEMETERY 375 O, CALIFORNIA	1 MARKI	ET ST.		11B. DATE BURIE	. !	SIGNATURE OF VERS	By.	ILL	RIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY					128. DATE CREMA	MATED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION				
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				INS	13B, DATE RECE	IVED 130	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED					14B. DATE SHIPP	ED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION					15B. DATE OF DISPOSITION		C, SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

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



MT. HOPE CEMETERY INTERMENT ORDER



City of San Diego

100	Date_ (O - 2	<u> </u>
V L L	d, subject to your rules and regulations, to inte	r the remains
	Caraman Carama	7115
or MARTINA ORT	E FELIX SEIL	11 00
In a N/A Type of Burba Container	Funeral, date, time	400
Church, Chapel Graveside	: 50 Meno	C Mortuary.
All Funeral cars must arrive before 3:30	p.mlar work day or an extra charge of	s
will be applied and billed to undersigned.	* * * * * * * * * * * * * * * * * * * *	1.4
Lot 275 Grave April	section 4 Division/Bloc	<u>8</u>
Grave space & Care Fund	- Pu	330
Additional spaces and care, fund	21	
Opening/Closing & And A	ΘΔ(Γ)	116.00
Burial Container		-
Handling Fees	OV 0 5 2003	
Flower veges - Markenson,	JY 0 3 2003	1
Recording and Mingree Auto 11817	HOPE CEMETERY	50.00
Sales taxes	HOLF OF MICHELL	
	Total Due 50.00	\$16.00
32	290801	50.02
	Paid receipt number 1520 0.01	0
(- /	Balance due .	0
I hereby certify I am the SON and this is your authority to make disposithat I have the right to make this authorizany liability on account of said authorizang	of the above nar sition of remains as above indicated. I certify a ration and I agree to hold Mt. Hope Cemetery h tion and interment.	and represent
ANTONIO FELIX I hereby authorize the interment in lot I hold under deed.	1845 E. 1674 ST.	= 31
Signature of recorded holder of deed	NATIONAL CITY, CA	91950
Paule Te	9(619) 477-3779	Zip Code
Queles	Teliphone	
_ 1811	2 Invoice #	

REA-104 (7-08)

Work Order #

This information is available in alternative formats upon request.

E18112

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

IA. NAME OF DECED	ENT-FIRST (GIVEN)	18. MIDOLE	IC. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
MARTINA		ORTIZ	FELIX		11707/1944	18270771959	F
OCEANSID	E		58 COUNTY OF DEAT ENIER STATE SAN DIEGO		NAME, RELATIONSHIP, FULL NOF INFORMANT JOSE CASTANEDA		1,183,550
7A TYPER NAME AND TEGO 2441 UNIV	MEMORIAL OR ERSITY AVE.	A FUNERAL DIRECTOR OR P	ERSON ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER FAPPLICABLE	1845 E. 16TH S' NATIONAL CITY,	CA 91950	
ACKNOWLEDGMENT OF	annuciat Thereby i	acknowledge as applicant that the prop	cosed disposition stated between a one of the was authorized pursuant to Section 7100 of the	dispositions authorized by	SA. SIGNATURE OF APPLICANT	serson bare permit, 88. DA	
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED ON THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH FORMA HEALTH AND SAFETY FOR THE DISPOSITION SPE 0 REST OF DISPOSAL OUTSIDE OF CAL	PROVI- CODE CIFIED	AID 98. DATE PERMIT I	SSUED, 9C. SIGNATURE OF LO		7
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	P.O. BOX		JF.	ORESS OF REGISTRAR (DE DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CAUSE	ANIA	
IO. AUTHORIZED DISP	POSITION(S) CHECK A	PPLICABLE ITEMS			FOR COR	ONER'S USE ONL	Y
A BURIAL (INCL. B. CREMATION C DISPOSITION THAN IN A C D. SCIENTIFIC U	OF CREMATED REMA	AINS OTHER	E. TEMPORARY ENVA	DRNIA	L DISPOSITION (Name and A	PENDING—REMAINS LI	OCATED AT
BURIAL	MOUNT H 3751 MA SAN DIE	OPE CEMETERY RKET ST GO, CA 92102	EMETERY	118 DATE BURIED	TIC. SIGNATURE OF PER	SON IN CHARGE OF BI	URIAL
CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNIA C	REMATORY	128. DATE CREMATE	D 12C SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA FA	ACILITY RECEIVING REMAINS	138. DATE RECEIVE	ED 13G SIGNATURE OF PER	SON IN CHARGE OF F	ACILITY
TRANSIT		DRESS IN RECEIVING STATCHEMATED REMAINS ARE		14B. DATE SHIPPED	OF PLACING WITH T		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A ADDRESS, NEAL FICIENT TO IDE	REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		ATED RE-
ESPONSIBLE I	FOR COMPLETING	AND FORWARDING THE DISTRICT NEAREST ORIGINAL OR DUPLICA	S TO THE STATED PLACE HE PERMIT WITHIN 10 DAY TO THE POINT WHERE THE TE PERMIT AFTER ONE YE DEPARTMENT OF HEALTH SER	S OF DISPOSITION E CREMATED REM EAR FROM ISSUE D	TO THE REGISTRAR OF MAINS WERE SCATTERE NATE.	THE DISTRICT IN W D AT SEA. THE LO	HICH

MT.HOPE GEMETERY INTERMENT ORDER

City of San Diego

AT NEED

Date 10 -29 -03

You are hereby authorized and instr	unded nublan				
W JOSE ORT 17	FELI	V JR.	S S	27197	2.43
ina A N/A	Contract of the Contract of th	ral, date, time	Fri	11 7	41:00
Church, Chapel, Granded	(0-8688			vemore	Mortuary.
All Funeral cars must arrive before :	3:30 p.m. of re	gular work da	y or an ex	dra charge o	15
will be applied and billed to undersig	ned			34.	
		_ Section _			ek 8
Grave space & Care Fund	€ -	-18112	<u> </u>	PC	330.00
Additional spaces and care fund					
Opening/Closing & Setup				96	116,00
Burlal Container	D	710			
Handling Fees N/A		716	******		
Flower vases - Marker setting fee	NOV.	4 2003			
Recording and filing fee			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		50.00
Sales taxes	OH THU	PE CEME	TERY		
ku			ptal Due.	41161	50.00
	Paid recei	pt number_f	(Ja.)	51	1916 T.C
			8	alance due	0
I hereby certify I am the Brand this is your authority to make dithat I have the right to make this authority on account of said authority in the said aut	OTMEN Isposition of re horization and in	emains as abo	we indice	ted. I certify	med decedent and represent harmless from
ANTONIO FELIX I hereby authorize the interment in hold under deed.		Cinta	~ ~	ول	L
11-04-03 P03:2	ZE DUL			167H S	
Pauls Tra	prio	City (G19) 4 Tabaphora	477-3	779	A 9(950 Zb Code
18	1113	invoice #	-		
Work Order # E		Acct. #			
DEA-104 (7.08) Th	is information	is available i	n elterne	the formate	unon request

GRAVE BLIND CHECK FORM

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

	MEYER		
13070894	\$ 12 CP 72	aliva	
		35	

-				<u></u>		
	eck Initiate		SI) ju	Date:	
Intermer	nt space fo	MARTI	NA FE	Lik/10	SE PELIX	UR. EX
Intermer	nt Date: 4	ri 11/-	7	Time:	11:00	
Div:	Sect:	_ 4 _ BI	VRow:	Lot	: <u>275</u> 6	ir. <u>—</u>
Grave L	aid out by:	Norman	Fer	~~		
Agrees v	with Legal	Card: 🔎	Yes	□ No		
Agrees \	with Map:	Yes		No		10

Blind Check & Verified By:

The market Pate: 11

F18113

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

	ENT-FIRST (GIVEN)	18. MIDDLE	IG. LAST (FAMILY)		2. [ATE OF BIRTH		OF DEATH	4. SEX
Jose		ORTIZ	FELIX	The second second second	T	170871984	10/2	2572003	M
64 CITY OF DEATH			58. COUNTY OF DEAT		6. NAME, REL	ATIONSHP, FULL I	MAILING AD	DRESS AND Z	P CODE
SAN DIEG			SAN DIEGO			ASTANEDA	FELIX	-FATHE	
SAN DIEG 2441 UNI	ADDRESS OF CALIFORN O MEMORIAL VERSITY AVE O, CA 92104	CHAPEL	1	AF APPLICABLE	NATION	2. 16TH ST NAL CITY, E OF APPLICANT—	CA 91		E SIGNED
ACKNOWLEDGMENT OF	Abos of ANY I hereby	acknowledge as applicant that the pro-	oposed disposition stated herein is one of the id was authorized pursuant to Section 7100 of t	e dispositions authorized by		Leum	Sh	10/2	
PERMIT	THIS PERMIT IS ISS	UED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET	PROVI- INA AMERICA OF SEE	PAID BB. DATE PERMIT		SIGNATURE OF LO	OCAL REGI	NAME OF TAXABLE PARTY.	Name and Address of the Owner, where
AUTHORIZATION OF	AND IS THE AUTHORI	TY FOR THE DISPOSITION SP	ECIFIED	10/28/20	The second second second second	Parkers of Miles			
LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES I	NO RESERVE OF EMEROSAL OUTSIDE OF CA	7.40.400	J. LEMON	JR.▶	2317731			
ANY CHANGE IN DISPOSI- TION RECOIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX		i e	DORESS OF REGISTRAN DISPOSITION IS TO OCCU					
10. AUTHORIZED DIS	POSITION(S) CHECK A				1	FOR COP	RONER'S	USE ONL	1
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A. BURIAL (INC. B. CREMATION C. DISPOSITION THAN IN A C. D. SCIENTIFIC I	OF CREMATED REMEMETERY USE 11A. NAME AND A 3751 MA SAN DIE 12A. NAME AND A SOUTHER OUT-D C LAKE EL 13A. NAME AND A	ODRESS OF CALEGRNA OF CAMETERY ST.	F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO DUTS CEMETERY CREMATORY STANDARD REMAINS FACILITY RECEIVING HEMAINS ATE OF COUNTRY WHERE	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIED 11-7-Q 12B. DATE CREMATI	5 12C. SIG	MATURE OF PER	SON IN CH	HARGE OF F	URIAL EMATION ACILITY

COPY 1

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

VSB (REV. 6/91)

INTERMENT ORDER

City of San Diego

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2010	\diamond	-	-	1	-

or Jan	ies Hou	Scoul	Syl	27/18	9
in a. Type of Bella Co	P CONTRACT NO.	uperal, date, tir	me May	Ju/3	2:00
Church, Chapel, Gravesid	· Day or	JU4 :	+ON	ay_	Mortuary.
All Funeral cars must arriv	e before 3:30 p.m. o	ofeegulal work	day or an e	xtra obarge	of \$
will be applied and billed to	o undersigned				
Lot <u>145</u> Grave_	6_ ROW	Section		_ Division/Bi	82
Grave space & Care Fund	l				985
Additional spaces and car	e fund				- //3
Opening/Closing & Setup.		*15			413
Opening/Closing & Setup. Burial Container					209-
Handling Fees					160-
Handling Fees Flower vases - Marker se	tring fee NOV	1 7 2003	***************************************		//
Recording and filing fee	***************************************				50
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/	Cuna A		Total Due	Cre	833 20
platuary:	2 P Tald r	ecelpt number .	REW	9000	1833.20
	. 0			Balance due	\triangle
I hereby certify I am the			of	the above n	amed decedent
and this is your authority that I have the right to mail	ib make disposition	of remains as a	bove indic	sted, I certify	v and represent
any liability on account of	said authorization a	nd interment.	1558WD- 15		
I hereby authorize the inte	rment in lot I	Χ			
hold under deed.		X			
Standary of recorded holder of deed	Horse-SH	Neddress)A
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REA-104 (7-96)	This informs	ition is available	e in alterna	utive formats	s upan request.

regred for

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

OUR BEF NO.	YOUR INV. NO.	INVOICE DATE DESCTIP	tion	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT Net Amt
11/07	/03	203291-	Haywood		Ε.	1833.20
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				— Chy	eck 18133	NET CHECK

E18114

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.

he buri	al space.	280		55#		
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	Dailey		х			
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lind Ct	neck Initiated	Ву: _	fam	<u> </u>	_ Date:	10/31
nterme	nt space for:	Ja	esmi	Ha	ywa	7
	nt Date: <u>Ho</u>					
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E18114

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY -- MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1B. MIDDLE 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT—FIRST (GIVEN) 1C LAST (FAMILY) 19977 994 6548 0972972003 Haywood Annes M 5A. CITY OF DEATH 5B. COUNTY OF DEATH -- OUTSIDE CALIF. 16, NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT San Diego San Diego Darnell Price- Public Administrator 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER POWAY BETTATO MOTEURY — IF APPLICABLE 5201 A Ruffin Rd. San Diego, CA 92123 13243 Poway Road, Poway, CA PD-1195 8A. SIGNATURE OF APPLICANT-Person taking permit: 8B. DATE SIGNED Thereby acknowledge as applicant that the proposed disposition stated terrain is one of the dispositions authorized by Section 109055 11/03/2003 ACKNOWLEDGEMENT OF APPLICANT of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 11/03/2003 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 2316842 ALITHORIZATION OF \$13.00 E. Vigney HOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION 9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION San Diago, CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A BURIAL (INCLUDES ENTOMBMENT) E TEMPORARY ENVAULTMENT I. DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B CREMATION E DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA Mt. Hope Cemetery, 3751 Market St., 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL San Diege, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 13B. DATE RECEIVED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A: ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B. DATE OF 15C. SIGNATURE OF PERSON IN 150 LICENSE NUMBER OF SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION CREMATED REMAINS DIS-DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

MT OPE CEMETERY	
THE GRAVE THE SUSPENDER City of San Diego	
MARTIE CONTENTE AND Church San Diago	
MARTIE Su Siette City of San Diego Date Busham Cond	10-31-03
T NEED Date_	
You are hereby authorized and instructed, subject to your rules and regular $Jesse Coffex$	tions, to inter the remains
	1/ 1/1/ 11:0
in a ASH VAULT Funeral, date, time TUES	
Church, Chapel, Graveside WITNESS : Anderson	-Raged Mortuary
All Funeral care must arrive before 3:30 p.m. of regular work day or an extr	ra charge of \$
will be applied and billed to undersigned.	
THE SC SHOOL IS A PROPERTY OF THE SCHOOL SHOOL SHOL SH	
17 - 2 - OF BOTE	7
ot 47 Grave 2 Row Section 15 t	Olvision/Black
Grave space & Care Fund 3 - 1/30	<u> </u>
Additional spaces and care fund	
Opening/Closing & SetupPAID	116.00
(OV / U) U 5)	61.00
OCT 3 1 2003	66.00
lendling Fees	
Flower vases - Marker setting fee	IFTERY -
Recording and filing fee MOUNT HOPE CEM	50.00
Sales taxes	473
Total Due	7.97.7
1-51	842 297.7
Paid receipt number R 36	0
Ba	lance due
	e above named deceden
and this is your authority to make disposition of remains as above indicate that I have the right to make this authorization and I agree to hold Mt. Hope	ed. I certify and represent Cemetery harmless from
any liability on account of said authorization and interment.	
C Tank	Itte her
I hereby authorize the interment in lot I Strature hold under deed.	
Address	
Signature of recorded holder of deed	Zip Cod
Telephone	
work Order # E 18115	
Work Order # E 18115	

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

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Blind Ch	eck Initiate	ed By: Lau	Jette.	C.	Date	10/34/0
		r. Jesse	111	100		- E. O.
Intermer	nt Date: <u>//</u>	- 04-03		ime:/	1:00	wes,
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Blind Ch	eck & Ve	rified By:	ARRA	11	Date	-//-3

E 18/12

	18. MIDDLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
Jesse	Edward	Coffey		MONTH, DAY, YEAR MONTH 05/15/1928 10/1 AME, RELATIONSHIP, FULL MAILING	7/2003 M
San Diego 7A. TYPED NAME AND ADDRESS OF CALIFORNI Anderson-Ragsdale Mc San Diego, CA 92102	a-FUNERAL DIRECTOR OR PERSON Ortuary, 5050 Fed	eral Blvd - FA	PPLICABLE S	FINFORMANT LUSTIN N. Coffey, E 266 San Carlos Dri pring Valley, CA 9	rother ve 1978
A CONTRACT OF ADD IT SAIT I hereby acknowledge	celedge as applicant that the proposed disposition and Salety Code, and was sufficiently pursuant to 5	states herein is one of the depositions a	urhanced by Section 103065	SIGNATURE OF APPLICANT—Person was	- 10/28/2003
PERMIT THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	I ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR I SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIE	BA AMOUNT OF FEE PAID	98. DATE PERMIT ISSUE 10/28/2003 B. Campbel	2317704	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FEW. 9D. ADDRESS OF RE IF DEATH OCCURRE VITAL RECOIL	GISTRAR OF DISTRICT OF DEAT ED IN CALIFORNIA Eds., P.O. Box 852 CA 92186-5222	IF DIS	RESS OF REGISTRAR OF DIS		12
10. AUTHORIZED DISPOSITION(S) CHECK APPLICA				FOR CORONOR	'S USE ONLY
A BURIAL (INCLUDES ENTOMBMENT) B CREMATION C. DISPOSITION OF CREMATED REMAINS OF THAN IN A CEMETERY D. SCIENTIFIC USE	THER DRESS OF CALIFORNIA CEMETE	E. TEMPORARY ENVAULT E. F DISINTERMENT G. SHIP IN TO CALIFORNI. D. TRANSIT TO OUTSIDE (A .	I. DISPOSITION PENDING — (Name and Address) 11C. SIGNAPURE OF PERSON IN	
San Diego,			11-3-03	· Hansel	Famber
CREMATION CSI Cremat	DRESS OF CALIFORNIA CREMAT Lion Services, In Viste, CA 92083		10/2 9/03	12C, SIGNATURE OF PERSON IN	here of cremation
13A, NAME AND AD	ORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECEIVED	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
SCIENTIFIC USE	_			>	
14A NAME AND AD	ORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE COPPLACING WITH THE CARE	

COPY 1

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

VS9 (REV. 3/03)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT NEED

Date 10/31/03

ii. heep	
	elect to your rules and regulations, to inter the remains
OF WANECA MAR	1E O. ARZOBAL 227193
Ina LINER F	uneral, date, time WED. NOV. 3 1:DO
Church Chapel Graveside	BERGE ROBERT Mortuary.
	474./5/5
All Funeral cars must arrive before 3:30 p.m. o will be applied and billed to undersigned.	regular work day or an extra charge of \$
Lot 345 Grave Row	Section/ Division/Block 9
Grave space & Care Fund	110.00
Additional spaces and care fund	
Opening/Closing & Setup	DAID 138.00
Burlel Container O TO	A U 324 x 9 / 4 77.00
Hendling Fees	OV 11 2 2000
Flower vases - Marker setting the -4-0	2 2003
	HODE CO 50.00
Recording and filing fee	HOPE CEMETERY 50.00
Sales taxes	100.00
	Total Due 408.7
Paid re	scelpt number VISE Cand 40891
	Belance due
FATH	FIL
I hereby certify I am the and this is your authority to make disposition	of the above named decedent of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization as	and I agree to hold Mt. Hope Cemetery harmless from
JOSELITO ARZOBAL	
I hereby authorize the interment in lot I	- Dry British
hold under deed.	COID HAVE.
Simulate of recorded bolder of cheef	MATTOHAL CITY CA 91957
	CHY (14) 326-0908 20 Code
Doubette	Telephone
Your-	Invoice #
Work Order # E 18116	Acct. #
2007/04	A man manager was to

18116

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	JANELA MAR		1C. LAST (FAMILY) ARZOBAL	## E		3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 10/30/2003
-	NATIONAL C	70 T (7/2)	Name of the last o	DIEGO	6. NAME, RELATIONSHIP, FULL MA OF INFORMANT MARISA DE LA CRUZ	D - AMMONOSTATIONES
78	BERGE-ROBE	DRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON A RTS MORTUARY 607 RATIONAL CI WAL CITY CA 91950		PLICABLE	910 N AVE NATIONAL CITY CA 8A. SIGNATURE OF APPLICANT—FR	
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby schrowledge as applicant that the proposed disposition stated of the Heelth and Sefety Code, and was authorized pursuant to Section 1.			· Pauletti Vale	C. 11/04/2003
	WELDOWS OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT 11/05/20 P VALEN	003 2318204	REGISTRAR ISSUING PERMIT
33		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDSPO BOX 8522 SAN DIEGO CA 92186-5222	IF DISE		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	
	A. BURIAL (INCLUDE) B. CREMATION	CREMATED REMAINS OTHER	E. TEMPORARY ENVAULTM F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O		LEAST TORROLD TAILS AND AREA SE	DING — REMAINS LOCATED AT
	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER MT HOPE CEMETERY 3751 MARKS SAN DIEGO CA 92102		118. DATE BURIE		ON IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	PRY	128. DATE CREMA	NTED 12C. SIGNATURE OF PERSO	ON IN CHARGE OF CREMATION
ILL APPLICABLE	SCIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	13B. DATE RECEIV	/ED 19C, SIGNATURE OF PERSO	ON IN CHARGE OF FACILITY
COMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		14B, DATE SHIPPI	D 14C, ADDRESS AND SIGNAT OF PLACING WITH THE	TURE OF PERSON IN CHARGE E CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DI IF BURIAL AT SEA, <u>ONLY</u> ENTER LATITUDE AND LO	STRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSIT	하는 아이들은 아이는 사람이 없는데 보고 있는데 아이들이 되었다. 그 그 아이들은 아이들이 없는데 모으는데 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그

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



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		1	_D			
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MT. HOPE CEMETERY

INTERMENT ORDER

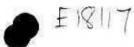
City of San Diego

P 11 3 03

- 이 이 이 이 이 이 이 나를 하는데 하는데 하는데 하는데 그를 하는데	d instructed, subject to your rules and regulation	ns, to inter the remains
or <u>Elijah</u>	Funeral, date, time Thurs	114 100
Church Chapel, Graveside	" Raged	O Mortuary.
	etore eac ro.m. of regular work day or an extra o	charge of \$
will be applied and billed to ur	ndersigned	
Los 133 Grave 5		ision/elock_ Q
Grave space & Care Fund	€ 13801	
Additional spaces and care fu	no waler marker	
Additional spaces and care fu Opening/Closing & Setup Burial Container	DAID	
Buriel Container	<u> </u>	<u></u>
Handling Fees	nov 0 3 2003	
Flower vases - Marker setting	1 tee MOA 0 3 SN03	
Recording and filing fee	OUNT HOPE CEMETERY	50.
Sales taxes	OUNT HOPE CEMETERY	207.13
	Total Due	091,75
	Paid receipt number K SCE	346 211.12
W	1111) State Balar	nce due
I hereby certify I am the	nake disposition of remains as shows indicated	above named decedent
that I have the right to make any liability on account of sak	his authorization and I agree to hold Mt. Hope C	emetery harmless from
5	v 1d10 < 4	7
I hereby authorize tipp intermit hold under deed.	ANDRIGATI PATT	1878
		mus 1 # 9/99
Bigration of recorded holder of deed Pour	1619)698-	1857
Work Order # E 18	117 Invoice #	
REA-104 (7-98)	This information is available in alternative	formats upon request.

@ Printed on respelad paper

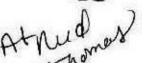
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MT HOPE CEMETERY

	GRAVE	BLIND	CHECK	FORM	
Write in the block marked existing mark the burial sp	d with "X". I ker's in the a	Place the rappropriate	name's, lot e space(s)	# and grav	ve # of all djacent to
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	Ane	lland x	Haff	Fred	_
		Stae	inson		_
1224					
Blind Check Interment sp Interment Da	ace for: C	lijah Thur	MCC _STime:_	1-00	8
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Agrees with	Map: Æ Ye	es í	J No	1	gave
Blind Check	& Verified	By And	1-1	Dat	e: ///4//

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Charles on Last Charles	ENT-FIRST (OVEN)	CONTRACTOR OF THE PARTY OF THE	IC. LAST (FA	MILY)	WC 3	DATE OF BIRTH	3. DATE OF DEATH MONTH, DAY, YEAR	4 SEX
Elijah		Isaac	McCray	OF DEATH — OUTSIDE CAUF.	TO NAME OF	1/28/1988	110/26/2003	M
San D	iego Works of Californ Ragadale Mo	ia funera director or pe ortuary, 5050 Fo	ENTER ST	San Diego	Kathle 227 S.	en Holt, (Grandmother, Street	
San Diego	, CA 92102			FD-1329		ego, CA 9:	2113 Person letting person (BB, DA)	E SIGNED
ACKNOWLEDGEMENT OF	APPLICANT of the House	rondedpo on applicant that the proposed diag a and Bullety Code, and see authorized purpo	predion stated house in our of the sent to Society 7160 of the Heath	Separations surpersed by Section 163056	Ha	u Camp	h	30/2003
PERMIT	THIS PERMET IS ISSUED I	IN ACCORDANCE WITH PROVISIONS	OF SA AMOUNT OF	PER PAID 90 DATE PERMIT		SIGNATURE OF LOCA	L REGISTMAN IBRUING	
ALITHORIZATION OF LOCAL REGISTRAN	TTY FOR THE DISPOSITIO	HAND SAFETY CODE AND IS THE AU ON SPECIFIED IN THIS PERMAT. NO RIGHT OF DISPOSAL OUTSIDE OF CALL	13 00	10/30/2 B. Camp	bell	317902		
NAY CHANGE IN DISPOSE- TION REQUIRER A NEW PERSON TO FROM FINAL DISPOSITION	Vital Reco	EGISTRAR OF DISTRICT OF C RED IN CALIFORNIA ords, P.O. Box (CA 92186-5222	- AN ADMIN	SE ADDRESS OF REGISTRAP F DISPOSITION IS TO OCCUR			X	*
AUTHORIZED DISPO	SMION(5) CHECK APPLIC		des No.			FOR CO	DRONOR'S USE ONLY	
A. DURIAL INCLUMENTS AS CREMATION OF THAN IN A CEME	F CREMATED REVAINS (OTHER	F. DISINTERME		1	I DISPOSITION PE	ENDING - REMAINS LOC	ATED AY
BURIAL	Mt. Hope	Cemetery, 3751 , CA 92102		118. DATE BURIE	D 11C. SI	CALLOLA	SON IN CHARGE OF B	URIAL
BURIAL	Mt. Hope San Diego 12A NAMEANDAI CSI Crema	Cemetery, 3751	Market Streematory Inc.; 2570	118. DATE BURIE	3 1/	Parent	Jamber South Charge of B	53000
-	Mt. Hope San Diego 12A NAMEANDAI CSI Crema tune Way;	Cemetery, 3751 , CA 92102 DDRESS OF CALIFORNIA CRE ation Services,	Market Streematory Inc.; 2570	118. DATE BURIE 11-6-0.3 128. DATE CREM FOT- 10/31/0	ATED 126, 91	PAULE OF PA	Famber	REMATION
CHEMATION	Mt. Hope San Diego 12A NAME AND AL CSI Crema tune Way; 13A NAME AND AL	Cemetery, 3751 c, CA 92102 DDAESS OF CALIFORNIA CRI ation Services, Vista, CA 9208	Market Stree EMATORY Inc.; 2570 83 SILTY RECEIVING REF	118. DATE BURIE 118. DATE CREM FOT- 128. DATE CREM 128. DATE RECEI	3 12C 9	GNATURE OF PER	SON IN CHARGE OF P	REMATION ACILITY



RMENT ORD	ER			
ity of San Diego		NOU	2	0
	Date	NOU	. 0	

١١١٥	De	10 NOU . 3, CO
You are hereby authorized and instructed, subj	ect to your rules and re	guiations to inter the remains
	sixela	(A) Tol
00000	uneral, date, time	number 1100
Church, Chapel, Graveside	_:_Ras	apolale Mortuary
All Funeral cars must arrive before safe p.m. or	f regular work day or an	extra charge of \$
will be applied and billed to undersigned.		
Lot 2036 Grave _ Row	Section	Division/Block V
Grave space & Care Fund	E47	-0
Additional spaces and care fund		
Opening/Closing & Setup	Eτ	0 +1761
Tr - 177 - 178 - 1		
Burlal Container Handling Fees Flower vases - Marker setting fee	1 200	-6-
Flower vases - Marker setting fee	WY	
Recording and filing fee	0-	<u> </u>
Sales taxes		<u> </u>
	Total Du	<u> </u>
Paid re	celpt number	
		Balance due
I sereby certify I am the		of the above named deceden
and this is your authority to make disposition of that I have the right to make this authorization is	of remains as above inc and I agree to hold Mt. I	licated. I certify and represen
any liability on account of said authorization en	id interment.	
I hereby authorize the intermed in lot 31 Fi	L E Signature	
	Applicant	
Signature of recorded holder of deed	(Any	Zip Cod
1)au	Teshejone	
(Invelor #	
Work Order # E 18118	Acct. #	
TURNUS F	AUG. ¥	Contract Con



GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	
1		

			35		
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		-		-	
Blind Check I	nitiated By:	Por	<u> </u>	Date:	113
nterment spa	ce for:C	عاماد	2 440	276	
nterment Dat Div: 10 8	N. C. L.)(0-929	t: 3336	~ Grl
Grave Laid o	ut by:	Van	en		F100
Agrees with L	egal Card:	Yes	□ No		
Agrees with M	Лар: Ø Ye	s A	No	i.	

1 Dans Date: 11-10-03 Blind Check & Verified By

mortuary Beige-Roberts Evelyn Martinez (mother)

1A. NAME OF DECEDENT—FIRST (GIVEN)		ENT_FIRST (GIVEN)	18. MIDDLE 10. LAST (FAMILY)		HITEOUTS ON OTH	2. DATE OF BIRTH	3. DATE OF DEATH	4 SEX	
George		Thomas	Thomas Haslerig		MONTH, DAY, YEAR	11/01/200			
	CITY OF DEATH			5B. COUNTY OF DEAT ENTER STATE Sai	n Diego	NAME, RÉLATIONSHIP, FULL OF INFORMANT Alfred G. Hasle	MAILING ADDRESS A	ND ZIP CODE	
7,0	Anderson-		ortuary, 5050 Fe	deral Blvd -FA	PPLICABLE	6920 Madrone A San Diego. CA A SIGNATURE OF APPLICANT	venue	TE SIĞNED	
	ACKNOWLEDGEMENT OF	APPLICANT I hereby acid of the Health	coviedge so applicant that the proposed disposit and Salety Code, and was authorized pursuant	to Section 7100 of the Health and Safety Co.	de. P	· Charlang	manuscriptor and the second and the	97/2003	
THI		THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTH IN SPECIFIED IN THIS PERMIT. ID RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	OR-	AID 96 DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 11/10/2003 2318461 B. Campbell				
	CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	Vital Reco	EGISTRAR OF DISTRICT OF DE. RED IN CALIEDRINA BOX 85 CA 92186-5222	0.00	DRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
I	B. CREMATION C. DISPOSITION OF THAN IN A CEMED D. SCIENTIFIC USE	F CREMATED REMAINS (TERY	OTHER	E TEMPORARY ENVAULTI F. DISINTERMENT G. SHIP IN TO CALIFORNIC D. TRANSIT TO OUTSIDE	A	I. DISPOSITION P	****		
	BURIAL	Mt. Hope	Cemetery, 3751 o, CA 92102		11-14-03	1/	SON IN CHARGE OF	av (
ILE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREM	MATORY	128. DATE CREMATE	ED. 12C. SIGNATURE OF PER	RSOM M CHARGE OF	CREMATION	
CREMATION SCIENTIFIC USE TRANSIT		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			138. DATE RECEIVE	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
					148. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH		N CHARGE	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE. D IDENTIFY FINAL PLACE AND C BEA, <u>ONLY</u> ENTER LATITUDE AN	CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	SITION CREMATED	SE NUMBER OF REMAINS DIS- FAPPLICABLE	

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

INTERMENT ORDER

City of San Diego

at Need	3	only of dan bio	_	11/4/03	2
Al I			Det	·114/03	
You are hereby autho	rized and instructed	d, subject to your	r rules and rec	pulations, to inter	the remains
	un marti		227		100000000000000000000000000000000000000
ina Liner		Funeral, det	e, time Mo	n. Novi	oth 10:0
Church Chapel, Grav	rriei Contrillor			e-Robert	7.50 C. W.
All Funeral cars must	arrive before 3:30	p.m. of regular w			
will be applied and bit	Maria de la composición dela composición de la composición dela composición de la co				
Lot 50 Grav	- 5 Row	Sec	ation	Division/Bloc	12
Grave space & Care	Fund	************			985.0
Additional spaces and	d care fund				
Opening/Closing & S	etup				413.00
Burial Container	***********************				209.00
Handling Fees		***************************************			160.00
Flower vases - Mark	er setting fee	***************************************			
Recording and filing t	·	***************************************	••••		50.00
Sales taxes	PAID	·····			16.75
			Total Di	The second secon	834.03
	NOV 0 4 2003	aid receipt num	ber R -	36851	1834.0
MOUN I hereby certify I am	T HOPE CEN	METERY (Bon"	Balance due .	
and this is your author that I have the right to any liability on accoun	onty to make dispos o make this authoriz	ation of remains	as above ind to hold Mt. F	icated. I certify a lope Cemetery h	and represent armiesa from

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

Paulotto 18119

Invoice #

This information is available in alternative formats upon request.

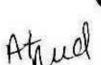
GRAVE BLIND CHECK FORM

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

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		કાં૦લી	x			
mason	cus.					
Interme	nt space	tiated By: Reference of the for: Evel	yn m	artinez		7
Div: 1 2	Se	ct: Blk	/Row: _	Lot:		
		by: <u>¶ozmo</u> gal Card: □ Y	2.0		lag on 1	your
Agrees	with Ma	p: Yes _ Verified By:_		NO NESS	U	0 <u> -S-Q3</u>

		USE BLACK INK ONLY MA			ITEOUTS ON C	INCHAL		T	The second		
IA. NAME OF DECEDER	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAI	S 22			2. DATE OF BIRTH MONTH DAY YEAR 04/26/1927	MONTH DAY	3. DATE OF DEATH 4: SE 11/02/2003 P		
5A. CITY OF DEATH			_0 4 0)	OF DEATH	- OUTSIDE CALIF.		IAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE				
SAN DI				SAN DI		MAS	ORMANT TRAITILLO				
		A FUNERAL DIRECTOR OR PERSON LTUARY 607 NATION		7B. CALIF. L	ICENSE NUMBER PLICABLE	SAN	2 JULIAN AV DIEGO, CA	92113	•		
		TY, CA 91950		FD-2	284		THE OF APPLICANT		B, DATE SIGN	ED	
ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed disposition and Safety Code, and was authorized pursuant to S			orized by Section 100055	> Sa	a Stun		11/07/2		
		ACCORDANCE WITH PROVISIONS OF	SA. AMOUNT OF	FEE PAID	98. DATE PERMIT		9C. SIGNATURE OF LOCA	AL REGISTRAR ISS	UING PERMIT .		
AUTHORIZATION OF	TY FOR THE DISPOSITION	AND SAFETY CODE AND IS THE AUTHOR SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	12521211122	0	11/07/20		2318359				
LOCAL REGISTRAR	9D. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEAT	н_	9E. ADDRE	SS OF REGISTRAR	OF DISTRIC	T OF DISPOSITION				
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL, DISPOSITION		RDS F. O. BOX CA 9218605222	85222	IF DISP	OSITION IS TO OCCUR	I IN ANOTHER	R DISTRICT IN CALIFORNIA				
10. AUTHORIZED DISPOS				i			FOR C	ORONOR'S USE	ONLY		
B CREMATION C DISPOSITION OF THAN IN A CEMET	CREMATED REMAINS O	THER	E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C D. TRANSIT TO	NT CALIFORNIA			DISPOSITION P (Name and Address	ending — Remai (8)	NS LOCATED AT		
BURIAL	MT HOPE (DRESS OF CALIFORNIA CEMETE EMETERY 3751 MARI D, CA 92102	KET ST.		118. DATE BURIE	03	SIGNATURE OF PER	SON IN CHARG	E OF BURIAL	•	
CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA CREMAT	FORY		12B. DATE CREM	ATED 120	SIGNATURE OF PER	ISON IN CHARG	E OF CREMAT	ION	
CREMATION SCIENTIFIC USE	13A. NAME AND AC	DORESS OF CALIFORNIA FACILITY	Y RECEIVING REM	MAINS	13B. DATE RECEI	VED 130	SIGNATURE OF PER	RSON IN CHARG	E OF FACILITY	(
TRANSIT	5-6-6-7 (1995) The second of t	DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE	NOT THE RESERVE AND ADDRESS OF THE PARTY OF	RE	14B. DATE SHIPP	ED 140	OF PLACING WITH T	POSSESSE SELECTION OF THE PROPERTY OF THE PARTY OF THE PA	SON IN CHAR	GE	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OF DIDENTIFY FINAL PLACE AND CA EA, <u>ONLY</u> ENTER LATITUDE AND I	DISTRICT OF DIS		15B. DATE OF DISPOSITION	2000	C. SIGNATURE OF PER CHARGE OF DISPO	SITION CRE	LICENSE NUMBE MATED REMAINS ER — IF APPLICA	S DIS-	

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



REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Deto 1005 4, 03

	t to your rules and regulations, to in	
in a TS Usual Fune	eral, date, time Tru 117	1:00
Church, Chapel, Graveside	: Ragedala	Mortuary.
All Funeral cars must arrive before 3000 p.m. of re	egular work day or an extra charge	of \$
そでご Sengiared and billed to undersigned.		
Lot 247Sgrave _ Row	Section Division/8	00 - Noo
Grave space & Care Fund	D Marz	-0
Additional spaces and care fund		
Opening/Closing & Setup		413-
Opening/Closing & Setup	PAIU	275-
Handling Fees		204
Flower vases - Marker setting fee	NOV 0 7 2003	
		50
Recording and filing fee MOUI	AL HODE CEMETER!	21.31
Londware to com	Total Due	4600
tortuary to pary	ipt number R 56868	9(3.31
arrived at 3, 70	Balance due	-
I hereby certify I am the	of the above n	amed decedent
and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and	d I agree to hold Mt. Hope Cemeter	y and represent y harmless from
and anomy or anomal or add guillonization and	Υ	A
I hereby authorize the interment in lot I hold under deed.	0 . 1	y Y
	ASSERT ASSERT	
11-07-03A11:11 PAID	PRV OV	Zip Code
Work Order # E 18120	Invoice #	

O Printed on respeled paper

This information is available in alternative formats upon request.

Atruel

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

m Nos 4 03

o Charles	ubject to your rules and regulations, to incer the remains Ruckur
ma TS Vaulte-	Funeral, data, time Til 117 1:00
Charge Chaptel, Graveside	- KOOSOOLO Monuny.
All Funerti cars must arrive before see p.m.	of regular work day or an extra charge of \$
LOT 247 Screws Poir_	Section Division/Mack 10
Grave space & Care Fund	Duais 75
Additional spaces and care fund	
Opening/Closing & Setup	<u> 43 - </u>
Buriel Container	275
Handling Fees	2047
Flower Vases - Marker setting fee	
Recording and filing fee	
Salue taxos	24.31
Hostvary to pay	Total Due9(8.3)
	Reference due
I hareby certify I am the Wife	of the above named decedent
that I have the right to make this supportant on account of said suffertation. I haveby outhorize the interment in lot I	in of remeline as above findicated. I certify and represent in and I appear to hold lift. Hope Cornetory harminas from and intermiers.
hold under deed.	X9350 Hollyhock Road
	X Spring Valley, CA 91977 (619) 463-8395
Work Orders E 18120	Invoice #
	Aug. 1
REA-104 (748) This Inform	nation le available in alternative formets upon requaet

GRAVE BLIND CHECK FORM

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

		1		1 -	
		Meneille	Hardri	K _	
	Ruckel	x		Larson	
			Long		
ntermer	neck Initiated By nt space for: nt Date:	harlis	- li	reker	14
Div: vr	Sect: aid out by:__\o with Legal Card with Map: \textsqr{Y}	Blk/Row:	Lot:	0475 Gr	:_\
Agrees	with Legal Card	Yes (J NO A	lag w	1
Agrees	with Map: 🕅 Y	es 0	No (" thu	re
Blind Ch	eck & Verified	But III) an	ien	Date: /	11-5-6

Mount Hope Cemetery

E18120

SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE;

11-12-2003			F-18120
то;	Julia Ruck 9350 Holly Spring Val		
	DESCRI	TION OF CHARGE	AMOUN
	Late arrival i service on 11-	ee for Charles	Rucker \$ 165.00

Please submit within 30 days.

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DA MONTH, DAY, YEAR MON	TE OF DEATH 4. SEX
Charles SA CITY OF DEATH Spring V	ENTER STATE OF				 NAME, FIELATIONSHIP, FULL MAILIN OF INFORMANT 	
Anderson—	DDRESS OF CALIFORNI Ragsdale Mo , CA 92102	ortuary, 5050 Fede	ral Blvd — FA	-1329	Julia E. Rucker, 9350 Hollyhock Lan Spring Valley, CA 8A-SHONATURE OF APPLICANT—PASSON DA	ne 91977 ·
ACKNOWLEDGEMENT OF A		peledge as applicant that the proposed disposition sis and Safety Code, and was authorized pursuant to Sec		de	I lan Amplie	10/30/200
AUTHORIZATION OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	I ACCOPDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS SPECIFIED IN THIS PERMIT I RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	98. DATE PERMIT IS 11/05/20 B. Campb	003 2318191	STRAR ISSUING PERMIT
LOCAL REGISTRAR ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW RINAL DISPOSITION	Vital Reco	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA FT. BOX 852 CA 92186-5222	— 9E. ADD	RESS OF REGISTRAR O	F DISTRICT OF DISPOSITION N ANOTHER DISTRICT IN CALIFORNIA	
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C	OTHER	E. TEMPORARY ENVAULTS F. DISINTERMENT G. SHIP IN TO CALIFORNI D. TRANSIT TO OUTSIDE (A.	i. DISPOSITION PENDING (Name and Address)	
BURIAL	Mt. Hope	Cemetery, 3751 Mar co, CA 92102		# 17-03	1/ -	CHANGE OF BUHIAL
CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMA	TED 12C SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAI	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CA D EA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	I 15D. LICENSE NUMBER O CREMATED REMAINS DIS POSER — IF APPLICABLE

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

INTERMENT ORDER

TED WIENMEN	ORDER
ATIVED WITH City of San (N The Grank Squer You are hereby authorized and instructed, subject to	Dete_ 11 - 5 - 03
(h) Marine	#10 Processor and All Marine and All
You are hereby authorized and instructed, subject to	your rules and regulations, to inter the remains
or	Ele Maria III 12 113
in a D.D. CRYPT # B Funeral	I, date, time MON. NOV 10 1:W
Church, Chenei Graveside	FEATHERINGILL MORTHERY.
All Funeral cars must arrive before 3:80 p.m. of regu	lar work day or an extra charge of \$ 165,00
will be applied and billed to undersigned.	٨٥٠ ١
Lot 99 Grave 3 Row	Section
Grave space & Care Fund	7176
Additional spaces and care fund	
Opening/Closing & Setup	413.00
Burial Container	
Handling Feee	
Flower vases - Marker setting fee	5-2003
Recording and filing fee	
Sales taxes MOUNT HGP	ECEMETY 50.00
The state of the s	Total Due463.00
Paid receipt	D -10/-2 4/2 (1)
	Balance due
I hereby certify I am the Agrand nie	
and this is your authority to make disposition of rem that I have the right to make this authorization and I any liability on account of said authorization and inte	ains as above indicated. I certify and represent agree to hold Mt. Hope Cemetery harmless from ment.
I hereby authorize the interment in lot I	Dorocky Icita
hold under deed.	79.30 Pat St.
Signature of recorded holder of dead	La mesa 9/842 20 Cado
	618.697.2477 Zb Code
O what	Telephone
100	Invoice #
Work Order # E 18121	Acct. #
This information is	avallable in alternative formate unce

& Printed on recycled paper

	_ · G	RAVE BL	IND CH	ECK F	ORM	
block ma existing	arked with	of the dec "X". Place in the appre	e the nam opriate sp	ne's, lot # pace(s) t	and grav	e # of all jacent to
Amen	Meze	Sunth	CALCE X	,		
Altro		7(03	GUM	,20 ,20		
Interme	nt space f	ted By: or:_ELN 6 11 10	STINE		IER2	11/5
Div:_1	Sect	2 BI	k/Row:	Lo	:: 99_	Gr: 3
Agrees	with Map:	Card:	/ 01	No 1	Not or	:11-6-0

			DOL DESCRIPTION ONLY	INC INC EMPOSITES, MI	III COOTO OITO	IDENDE	LINITION		411	4. SEX	
IA. NAME OF DECEDENT—FIRST (GIVEN)		2: W	1B. MIDDLE	1C. LAST (FAMILY)							
Ernestine			Aspeytia	Esquer	1.00		1873171964		10/23/2003		
	La Mesa		A - FUNERAL DIRECTOR OR PERSON	5B. COUNTY OF DEATH ENTER STATE San Diego		DOTOT	Chy Testa,			ZIP CODE	
E	eatheringi	11 Mortuary		— IF AP	PLICABLE	La Me	Pat St. sa, CA 9194 TUBE OF APPLICANT		em 88. DATE	SIGNED	
	ACKNOWLEDGEMENT OF A		owiedge as applicant that the proposed disposition si and Safety Code, and was authorized pursuent to Se			· K	- m	0	10/29	/2003	
	AUTHORIZATION OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- OPECIFIED IN THIS PERIMIT. FRONT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	10/29/200		C SIGNATURE OF LOCA 231	7842	IAR ISSUING PE	RMIT .	
A	LOCAL REGISTRAR NY CHANGE IN DISPOSI- TION REQUIRES A NEW PRINT TO SHOW FINAL DISPOSITION	PO BOX 85	GISTRAR OF DISTRICT OF DEATH	DDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — F DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA							
FLET	B. CREMATION	CREMATED REMAINS O		E. TEMPORARY ENVAULTM F. DISÎNTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O	soun:	ij.	i. DISPOSITION P	ENDING	B USE ONLY REMAINS LOCA	TED AT	
	BURIAL	Contract Con	DRESS OF CALIFORNIA CEMETER CEMETERY 3751 Mai CA 92102	The second secon	118. DATE BURIED		SIGNATURE OF PER	SON IN C	HARGE OF BU	IRIAL	
IE TEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMA	TED 12C	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION				
LL APPLICAE	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	/ED 13C	. SIGNATURE OF PER	rson in C	HARGE OF FA	CILITY	
TRANSIT		14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPE	D 14G	ADDRESS AND SIGN OF PLACING WITH 1			CHARGE	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAL EA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPO		15D. LICENSE CREMATED RI POSER — IF A	EMAINS DIS-	

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

INTERMENT ORDER

TOTAL OF	City of San Diego	11- 6:03
Totagcha	irs	Date_11-5-03
You are hereby authorized and	instructed, subject to your rules	and regulations, to inter the remains
a EDUARDOA	ALEJANDRO AC	SUNDEZ 227195
Ina LINER	Funeral, date, time	ARISAY NOV. 7 100
Type of Burtal Container Church Chapel, Graveside		ZTLAW Mortuary.
All Funeral cars must arrive be	fore 3:30 p.m. of regular work da	y or an extra charge of \$
will be applied and billed to uno	tersigned	
Lot 1515 Grave 1	Row Section	1 Division/Block 9
Grave space & Care Fund		110.00
Additional spaces and care fun	PAID	138.60
Opening/Closing & Setup		138.00
Burial Container	NOV 0 5 2003	77.00
Handling Fees	***************************************	28.00
Flower veses - Marker settin	OUNT HOPE CEMET	ERY

Sales taxes	***************************************	_ <i>5</i> .97
	1	ogal Due
	Paid receipt number 1	wa 408.87
		Balance due
I hereby certify I am the _< and this is your authority to me that I have the right to make this any liability on account of said and A. A. I hereby authorize the intermed	e authorization and I agree to to	of the above named decedent over indicated. Accertify and represent id Mt. Hope Cometery namiess from
hold under deed.	Replaces	Gaylest.
Signature of recorded holder of deed	City 619	-265 86 45 Zap Codes
Vanden	Invoice #	
Work Order # E 181	22 Acct. #	
AS REAL PROPERTY OF THE SECOND STATES OF THE SECOND	Automore the artifaction communications	VENNERS STORTDERN DIVE VINSTERNORY CO.

REA-104 (7-95)

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

	-	cV.		
	S-1	22EX	- <u> </u>	
	TORSVY	x		
•			+	

Blind Ched	ck Initiated	1 ву: 💫	ulete		Date:	11/6
Interment :	space for:	Edua	ndo A	. Ag	unde	Z
Interment	Date:	17	т	ime: 1	1:00	dagel
						Gr:/
Grave Laid	d out by:	James	m Le	4		-
Agrees wit	th Legal C	ard: 🗆 Yo	es 🗆	J NO		
Agrees wit					1	
Direct Observe		1/20	JAP	DFIL	/	11-6-0

T 18 122

APPLICATION 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 2. DATE OF BIRTH 4. SEX 1C. LAST (FAMILY) 3. DATE OF DEATH 1170572003 11705/2003 Eduardo Aletandro Acrundez 5A, CITY OF DEATH 5B. COUNTY OF DEATH - OUTSIDE CALIF. 6. NAME, RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE. San Diego San Diego OF INFORMANT Fabian Agundez-Father 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B, CAUE LICENSE NUMBER 3724 47th St. Funeraria Aztlan 7856 La Mesa Blvd. - IF APPLICABLE San Diego, CA 92105

BA SIGNATURE OF APPLICANT—PURSON UMING DORME : 8B. DATE SIGNED La Mesa, CA 91941 FD-1658 Thereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 11/06/2003 ACKNOWLEDGEMENT OF APPLICANT of the Health and Salety Code, and was authorized pursuent to Section 7100 of the Health and Salety Code 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-\$13,00 Leah A. Mata ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 11/06/2083 2318298 LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego, CA 92186-5222 DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOWBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) **B. CREMATION** F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA MANAGEND ADDRESS OF CAUFORNIA CEMETERY St. 11B. DATE BURIED 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL BURNAL San Diego, CA 92102 11-7-03 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 13B, DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B, DATE OF 15C. SIGNATURE OF PERSON IN 15D, LICENSE NUMBER OF SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. CREMATED REMAINS DIS-DISPOSITION CHARGE OF DISPOSITION POSER -- IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT- NEED

City of San Diego

Date_11-10-03

RAYMOND HORN	27201 P.A. # 20040	The state of the s
	Funeral, date, time THURS. NOV. 13	
	ONLY POWDY-BERDAM	
All Funeral cars 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 1A Row	Section Division/Bio	× 13
Grave space & Care Fund		131.00
Additional spaces and care fund		
Opening/Closing & Setup	10	439.00
Burial Container	wha.	128.00
Handling Fees	901,410/	
Flower vases - Marker setting fee		
Recording and filing fee	2003	47.00
		<u>9.92</u>
Seles taxes	CEMETERY tal Due	754,92
DELA PAID	receipt number	75492
858.694-3503 Paid	Balance due	4
I hereby certify I am the	of the above na	med decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n and I agree to hold Mr. Hope Cemetery	
I hereby authorize the interment in lot I hold under deed.	Bignature	
	Address	- 10
Storedays of recorded holder of deed	GIN	Zip Code
	Telephone	
whethe		Lo

@ Printed on respoled paper

18123

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MAK	E NO ERASURES, WI	HITEOUTS OR O	THER ALTERATION	ONS FNI)	
A			1B MIDDLE	1C: LAST (FAMILY) Horn				E OF DEATH	4, SEX
54	L CITY OF DEATH	Ranc	ona	58. COUNTY OF DEATH ENTER STATE Sa	n Diego	6. NAME, RELATION	NSHIP, FULL MAILING	ADDRESS AND	
7.A	Poway Be	rnardo Mort way Road, 1	cuary Poway, CA 92064	_ # AF	1195	5201 Ruff San Diego		permit 88. DATE	SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby admit of the Health :	wiedge as applicant that the proposed disposition stat and Safety Code, and was authorized pursuant to Sect	ed herein is one of the dispositions aut on 7100 of the Health and Safety Cod	horized by Section 103055 s.	► E.U	· <u> </u>	11/1	0/2003
	AUTHORIZATION OF	THE CALIFORNIA HEALTH	AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT.	\$13.00	11/10/20 E. Vign	03	TURE OF LOCAL REGIST	RAR ISSUING PE	RIGIT
H	NY CHANGE IN DISPOSI- TION REQUIRES A NEW	P.O. BOX	ED IN CALIFORNIA C 85222			OF DISTRICT OF DISP IN ANOTHER DISTRICT			
		11A NAME AND AD	DBESS OF CALIFORNIA CENETER Cometery, 3751 Ma	F, DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE OF			Name and Address)	CHARGE OF BL	RIAL
E ITEMS	CREMATION			RY	//-/3-03 128. DATE CREM	ATED 12C SIGNA	TORE OF PERSON DA	HARGE OF	EMATION
AL APPLICABL	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	13B, DATE RECEI	VED 13C SIGNA	TURE OF PERSON IN	CHARGE OF FA	CILITY
COMPLETE	A. CITY OF DEATH RAYBOND A. CITY OF DEATH RAYBOND A. CITY OF DEATH RAYBOND A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON POWAY ROAD, POWAY CA 92064 ACKNOWLEDGEMENT OF APPLICANT THE PERMIT SISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSITION PROLITY FOR THE DISPOSITION OF CALIFORNIA PO. BOX 85222 SAN DIEGO CA 92186—5222 S		148, DATE SHIPP		SS AND SIGNATURE (ACING WITH THE CAR		CHARGE		
	AT SEA OR DISPOSITION OTHER	SUFFICIENT TO	IDENTIFY FINAL PLACE AND CADI	STRICT OF DISPOSITION	15B, DATE OF DISPOSITION	E11 90 CT CT CT CO CT	TURE OF PERSON IN GE OF DISPOSITION	15D LICENSE CREMATED R POSER — IF /	EMAINS DIS-

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



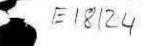
20 CHAIR SIME AT Need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date_11(10|63

Ki.		
	ructed, subject to your rules and regulations, to inte	r the remains
a JAMES V	V. JOHNSON 22 1209	-
ina Liner	Funeral, date, time FRI. Nov. 10	2:00
Church, Chape Graveside	Roopdate	Montuary.
All Funeral cars must arrive before	3:30 p.m. of regular work day or an extra charge of	•
will be applied and billed to undersi-	gned.	
Lot 42 Grave 2	Row Section Division/Blec	12
Grave space & Care Fund		985.00
Additional spaces and care fund	/**********************************	
Opening/Closing & Setup	DAID	41300
Burial Container		209.00
Handling Fees	NOV 1-7-2003	6980
Flower vases - Marker setting fee .		
Recording and filling fee		50.00
Seles taxes	MOUNT HUPE CEMETER	16.20
2000	A Total Duty	1833.6
A LANGE	Paid receipt number <u>256909</u>	1833,0
MODI-TO	Balance due	-
Mur to		
and this is your authority to make	NAME BUILDING OF THE COMMON AS ALCOHOL INCOME. I CARTILL I	and represent
that I have the right to make this au any liability on account of said auth	thorization and I agree to hold Mt. Hope Cemetery horization and interments	armless from
clifford Grays		
I hereby authorize the interment in I hold under deet: 1 - 10 - 03 P 0 2		as Rut
	SOG CENN VI	EN VYM
Signature of recorded holder of deed	- AN Jeggo 9011	Zip Code
Paulette	617-264-0891	4
	Invoice #	
Work Order # E 1812	4Acct. #	
	AND SAN PERSONAL PROPERTY OF THE PROPERTY OF T	





	GRAVE	BLIND CH	ECK FO	RM	
Write in the na block marked existing marke the burial spa	with "X". Pler's in the ap	ace the nam	ie's, lot# pace(s) th	and grave at are adja	# of all
		1		1010	Γ
	_		-	<u> </u>	
				72	
		x			
				Maylor	-
Blind Check lo Interment spa Interment Date	ce for:	James	W	Jo hnso	, ,
Div: 12 S Grave Laid ou	Sect:	Blk/Row:	Lot:		
Agrees with L	egal Card	Yes (J No (Plago	nave
Agrees with M	Map: Styes		No		1
Blind Check	& Verified B	vm a	7	- Date:	11/11

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



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

			10.				A state of the sta	/		131
Y I Y		1C. LAST (FAMILY) Johnson					4. SEX			
					11/28/1942 11/05/2003			M		
San Diego		St. 9-11-2-17	ENTER STAT		W. Section 2	OF IN	RELATIONSHIP FULL FORMANT RNA GRAYSON	MAILING	ADDRESS AND	
7A. TYPED NAME AND AL Anderson—	DRESS OF CALIFORNI	a-funeral director or person; ortuary, 5050 Fede 2	ACTING AS SUCH 12	B CALIF	LICENSE NUMBER PLICABLE	146 Bel	02 Syble Ave 1flower, CA	9070e	6	SIGNED
ACKNOWLEDGEMENT OF A		owiedge as applicant that the proposed disposition sta and Solety Code, and was authorized pursuant to Sec			orized by Section 103055	▶B	lac nagle			11/200
PERMIT.	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. DIRECTOR DISPOSAL OUTSIDE OF CALIFORNIA	13.00	EE PAID	98. DATE PERMIT	003	ec. SIGNATURE OF LOCA 2318498	AL REGISTA	AR ISSUING PE	PIMIT
LOCAL REGISTRAR	9D. ADDRESS OF RE IF DEATH OCCURR Vital Reco	EGISTRAR OF DISTRICT OF DEATH LED IN CALIFORNIA Ords, P.O. Box 852 CA 92186-5222	-			OF DISTRIC	OT OF DISPOSITION — ER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISPOS		A CONTRACTOR OF THE PROPERTY O					FOR C	ORONORS	S USE ONLY	
B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE BURIAL	CREMATED REMAINS OF TERY 11A. NAME AND AD Mt. Kope	OTHER CORRESS OF CALIFORNIA CEMETER Cemetery, 3751 Mago, CA 92102		LIFORNIA UTSIDE OF		23 >	C. SIGNATURE OF PER	(a)		27.298
GREMATION 38	12A. NAME AND AD	DDRESS OF CALIFORNIA CREMATO	DRY		128. DATE CREM	ATED 12	C. SIGNATURE OF PER	SOM C	HARGE OF CE	REMAT
GREMATION SCIENTIFIC USE TEN TEN TEN TEN TEN TEN TEN T	13A. NAME AND AC	DRESS OF CALIFORNIA FACILITY	RECEIVING REMA	IINS	13B, DATE RECEI	VED 13	C. SIGNATURE OF PER	RSON IN C	HARGE OF FA	ICILITY
TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S			14B. DATE SHIPPI	ED 14	C ADDRESS AND SIGN OF PLACING WITH T			CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAD EA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPO		15B, DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPO		15D LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11-10-03

You are hereby authorized and instruc	ted, subject to your rules and regulations, to inter t	he remains
or Kobert	Saucedo	- 228
In a DD CLYDT (A)	Funeral, date, time FRI NOV 14	10:00
Ohurch Chapel, Graveside	BOIGE PODERT	SMortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigne	ed	
Lot 3627 Grave Ro	Section Division/Bleck	10
Grave space & Care Fund	E-13690 -	- _
Additional spaces and care fund		
Opening/Closing & Setup	φ, 4	112,00
Burial Container D.7	CRYPT (A)	
Handling Fees		-
Flower vases - Marker setting fee	PAID	
Recording and filing fee		
Sales taxes	NOV 1 0 2003 PC	50,00
	Total Due	463,00
MOUN	THORE CEMETERY	
	Balance due	0_
I hereby certify I am the Wife	of the above name	d decedent
and this is your authority to make disp that I have the right to make this autho	position of remains as above indicated. I certify an erization and I agree to hold Mt. Hope Cemetery ha	d represent
any liability on account of said authorit	, ,	
I hereby authorize the interment in lot	Maria Saud	,
hold under deed.	3829 Newton A	
Signature of recorded lotter of deed	- San Dieso Ca	92113
1107 100 1 H 110 1 H 100 1 H 1	619 266-1202	
Paulus 18125	Telephone	
(10105	Invoice #	
Work Order # E 18125	Acct. #	
REA-104 (7-96) This	information is available in alternative formats up	on request.

& Printed on recycled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		3 -	1		
	cul data	× ×	Tienan	wister	
	86.5	2 1	Haroly		
Blind Check Initi Interment space Interment Date:	for: 🕏	Robe	ert Sau	rcedo	
Div: <u>∫</u> Sec Grave Laid out t	ot: Blk	/Row:_	Lot:	3627 Gr	: <u></u>
Agrees with Leg Agrees with Map	al Card: 🗹 Y	es -	□ No ((09°	Mark
Agrees with Map Blind Check & \	J. D 100				<i>)</i>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

42

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

1A. NAME OF DECEDE	NT_FIRST (GIVEN)	18 MIDDLE	1C. LAST (FAMILY)	W.W. E0010 0110	-4	2. DATE OF BIRTH	3. DATE OF DEA	ATH 4. SEX
ROBERT - SAUCEDO		JR.		08/04/1960				
SA CITY OF DEATH	LES		5B. COUNTY OF DEA ENTER STATE		6 NAME, OF INF	RELATIONSHIP, FULL ORMANT RIA SAUCEDO	MAILING ADDRES	
	RTS MORTUAN	A-FUNERAL DIRECTOR OR PERSON A T 607 NATIONAL CIT 50	TY BLVD F	F LICENSE NUMBER APPLICABLE D-284	SA	29 NEWTON A N DIEGO, CA TURE OF APPLICANT—	92113 Person taking permit (8B)	
ACKNOWLEDGEMENT OF		owledge as applicant that the proposed disposition sta and Salety Code, and was authorized pursuant to Sec			× 8	un Just	1	1/11/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF JAND SAFETY CODE AND IS THE AUTHOR IN SPECIFIED IN THIS PERMIT DIRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	11/12/20 J. FLORE		9C. SIGNATURE OF LOCA 2318516	AL REGISTRAR ISSU	ING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VITAL RECO	EGISTRAR OF DISTRICT OF DEATH POIN CALIFORNIA CA 92186-5222		RESS OF REGISTRAN ISPOSITION IS TO OCCUI		T OF DISPOSITION — 9 DISTRICT IN CALIFORNIA	a	
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS (TERY		E TEMPORARY ENVAUL F. DISINTERMENT G. SHIP IN TO CALIFORM D. TRANSIT TO DUTSIDE	IA.	D i iin	I. DISPOSITION PI		
BURIAL		METERY 3751 MARKE , CA 92102	T ST.	11-14-0		Kuur F	- Lm	
CRIEMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY	12B, DATE CREM	ATED 120	SIGNATURE OF PER	SOM CHARGE	OF CREMATION
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	13B. DATE RECEI	IVED 130	SIGNATURE OF PER	SON IN CHARGE	OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE OF C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP	PED 140	OF PLACING WITH T		ON IN CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CA D SEA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSITIO	N. DATE OF N. DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS	SITION CREMA	ICENSE NUMBER OF ATED REMAINS DIS- R — IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

P:-

City of San Diego

Date 11-10-03

* PAUL YENALDIN	•
na ASH VALLT	Funeral, date, time AND 11-13-2003
Church, Chapel, Graveside DELIUSEY	OnsCY : HEATH Mortuary.
All Funeral cars must arrive before 3:30 p.⊓	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 18 Grave 6 Row_	Section G Division/Block MAS
Grave space & Care Fund	LE ANDED TO GLAVE D
Additional spaces and care fund	~
Opening/Closing & Setup	16.2
Buriel Container Left.	VAULT 66
Handling Fees LLLN, VA	tult 66. 00
Flower vases - Marker setting fee (RX:ACX	
Recording and filing fee	
Sales taxes	11.73
DUE FROM HEACH M	
	Bajance due
I hereby certify I am the Account of and this is your authority to make dispositive that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	3923 PLAZA BLUD
Signature of recorded bodder or deed	NATIONAL CITY ON 91950
11-10-03P	(19) 475-9066 Zap Code
E 40404	Invoice #
Work Order # 15 0 7 0 7 2 6	- Acct. #

Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.





MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

MARION						
MARION Dannass	-79		1 /	,		
	Ricus BOLK	KYLE	Kenif Velan			
				18	8 c	
				-	6	

Blind Check Initiated By: RAY	Saldie Date: 11-10-03
Interment space for: Paul Y	ENAWINE &
Interment Date: 11-13-63	Time: AYD (ASH)
Div: MASONIC Sect: G Blk/Row	r: <u>— Lot: [2 Gr: 6</u>
Grave Laid out by:	
Agrees with Legal Card: 25 Yes	□ No
Agrees with Map: Æ Yes	J No
Blind Check & Verified By:	Date: ulnlan

E18126

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN) ! 1B. MIDDLE	1C. LAST (FAMILY)			ATE OF DEATH 4. SE
	PAU	KRWETH	YENAMIN		12/10/1984 11	M. DAY, YEAR
5.4	CITY OF DEATH	Corceado	58. COUNTY OF DEAT ENTER STATE	6 0.20 0.00 0.00 0.00	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	ADDRESS AND ZIP CODE
7.4	Month	ORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON TORSES 1 HOUSE	ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER IF APPLICABLE	3923 Place Bivd., National City CA 91 BA SIGNATURE OF APPLICANT—RESULTS	950
6	THE STREET STREET, STR	Eighland Ave., National City	ca 91950	Secretion subscord by	BA. SIGNATURE OF APPLICANT—POSSIT CO	11/07/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDENCE SOURS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THE PERMIT. IN THIS PERMIT ONE NO MIGHT OF INSPOSITION OF CALIFORNIA.	SA. AMOUNT OF FEE P	he Health and Safety Code	SUED 9C. SIGNATURE OF LOCAL R	EGISTRAR ISSUING PERM
AN	IY CHANGE IN DISPOSE	BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCUMED IN CALIFORNIA THE DEATH OCCUMED IN CALIFORNIA	1 15		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA	ď
1	A. BURIAL (INCLU		E, TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRINIA	I. DISPOSITION PENDI (Name and Address	NG-REMAINS LOCATED
	BURIAL	11A, NAME AND ADDRESS OF CALIFORNIA CEMETE 11A. Hope Comptany, San Di		118. DATE BURNET	1 1/	CHARGE OF BURIAL
BLE HEMO	CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMAT Lanada Crematory, El Cajo	1300	128. DATE CREMAT	21	CHARGE OF CREMATION
TI APPLICA	SOIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138. DATE RECEIV	VED 19C. SIGNATURE OF PERSON II	CHARGE OF FACILITY
MPLEIE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A, ADDRESS, NEAREST POINT ON SHORELINE, OR O FICIENT TO IDENTIFY FINAL PLACE AND CA DISTI		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON II CHARGE OF DISPOSITION	15D. DICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICAME

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.





11110102

MT. HOPE CEMETERY

INTERMENT ORDER

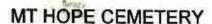
AT Deed

City of San Diego

	Date 11/10	100_
You are hereby authorized and instructed, subject to your rule	se and regulations to in-	er the resoine
- Giovanni Perez 2		ter the remains
The state of the s	The same of the same and the same of the s	
	GAULAPAN	
All Funeral cars must arrive before 3:30 p.m. of regular work		7.58831078453
will be applied and billed to undersigned.	call or an extra charge (
Lot 74 Grave 10 Row Section	Division/Bi	7.00
Grave space & Care Fund		985.00
Additional spaces and care fund		
Opening/Closing & Setup		413.00
Burlal Container		209.00
landing Fees		160.00
Flower vases - Marker setting PAID		
Recording and filling fee	***************************************	50,00
Sales taxes		16.20
	Total Due	18332
MOUNT HOPE COMETERY	R-56878	1833
MOOK! HO! 2 Came	Balance due	0_
hereby certify I am the FATHER.	of the above na	amed decedent
and this is your authority to make disposition of remains as a that I have the right to make this authorization and I agree to have liability on account of said authorization and interment. 4:07 PAID	above Indicated. I certify hold Mt. Hope Cemetery	and represent
Signature Signature	Toupelle	auas 2
Notice C	D.	OVER
Paulette for at 19127 Invoice #	5-67.60	Zip Code
Invoice #		
Mork Order # E 18127		
ADJ. F		

REA-104 (7-96)

This information is available in alternative formats upon request.



GRAVE BLIND CHECK FORM

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

			3	
Tismos	(4)			
	x.			
llind Check Initiated By:	Paulett	<u>, C.</u>	Date: /	1/12
nterment space for:	Oio vani	ni Per	ez	8yra
nterment Date: 11/13	03	Time: 1	:30	OFFICE OF THE PERSON NAMED IN COLUMN TO PERS
iv: 12 Sect:	A		74_ G	ir. 10
Grave Laid out by: $\underline{\mathcal{N}_{\sigma}}$	iman to	4~		
grees with Legal Card:	☐ Yes	J ON C	los	
grees with Map: 🛭 Ye	s po	10/7	onan	we
Blind Check & Verified E		110		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

GEOVANNI			IC. LAST (FAMILY)			DATE OF BIRTH	3. DATE OF DEATH 4 5
OUT ASSESSED.			PEREZ-TERA	N	l o	4/26/1995	11/07/2003
SA. CITY OF DEATH			58. COUNTY OF DEAT		6. NAME, RE	LATIONSHIP, FULL W	MAILING ADDRESS AND ZIP CO
CORONADO			SAN DIEGO		JUAN	MANT PEREZ-FATH	er
		LA-FUNERAL DIRECTOR OR PI		LIF. LICENSE NUMBER	3295	IMPERIAL A	VE.APT#2
		, 2601 IMPERIA	L AVE.	ALXINIDADED MEM	SAN D	IEGO, CA. 92	102
SAN DIEGO	A CONTRACTOR OF STATE		The second secon	D-1425	BA. SIGNATY	BE OF APPLICANT	erson taking permit 88. DATE SIGI
ACKNOWLEDGMENT OF	APPLICANT Neretty Section 10	acknowledge as applicant that the prope 1376 of the Health and Safety Code, and a	used disposition stated herein is one of the was authorized pursuant to Section 7100 of t	dispositions authorized by the Health and Safety Code	> Jex	uu Cha	11/12/2
PERMIT	THIS PERMIT IS ISSU	UED IN ACCORDANCE WITH P	ROVI- BA. AMOUNT OF FEE P	AID 98. DATE PERMIT	TISSUED 9C	SIGNATURE OF LO	CAL REGISTRAR ISSUING PER
AUTHORIZATION OF	AND IS THE AUTHORY	TY FOR THE DISPOSITION SPEC	CIFIED	SELENE CH		2318529	
LOCAL REGISTRAR		IO RIGHT OF DISPOSAL CUITSIDE OF CALL	\$13.00	11/12/2	003		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	VITAL REC	EGISTRAR OF DISTRICT OF ED IN CAUFORNIA ORDS P.O. BOX (.CA.92186-5222	1 1	DRESS OF REGISTRAR DISPOSITION IS TO OCC	OF DISTRICT UR IN ANDTHE	OF DISPOSITION— R DISTRICT IN CALIFO	RNIA
10. AUTHORIZED DIS	POSITION(S) CHECK A			3.0%	- 1	FOR COR	ONER'S USE ONLY
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	DRNIA	Ε	L DISPOSITION (Name and A	PENDING REMAINS LOCATE ddress)
	LIA. NAME AND A	DORESS OF CALIFORNIA CE	METERY	118. DATE BURIE	D 11C. S	GNATURE OF PER	SON IN CHARGE OF BURIAL
BURIAL		PE CEMETERY, 37 O,CA.92102	751 MARKET ST.	11-13-0	3/1/	kun P	- having
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CF	REMATORY	12B. DATE CREMA	TED 12C. S	GNATURE OF PERS	OF CREMATIC
SCIENTIFIC	13A. NAME AND AL	DORESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C S	GNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPP		DDRESS AND SIGN. F PLACING WITH TO	ature of Person in Chari He Carrier
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO IDE	REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		IGNATURE OF PER: HARGE OF DISPOS	
GOPY 1 OF T RESPONSIBLE DISPOSITION	HE PERMIT ACCO FOR COMPLETING OCCURRED OR T	3 AND FORWARDING THE HE DISTRICT NEAREST	S TO THE STATED PLACE FE PERMIT WITHIN 10 DAY THE POINT WHERE TH TE PERMIT AFTER ONE Y	S OF DISPOSITION OF CREMATED RE	N TO THE	REGISTRAR OF	THE DISTRICT IN WHICH



MT. HOPE CEMETERY

INTERMENT ORDER



City of San Diego

You are hereby authorized and instructed, so of MARGARET_RUD		inter the remains
ina LINER	Funeral, date, time FRI. Nov. 1	4+5 11:40
Church, Chapel, Graveside Delivery	Only! Humphrey	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	the second of th	e of \$
will be applied and billed to undersigned	Section Division/	Block 10
Grave space & Care Fund		1095.00
Additional spaces and care fund	PAID	
Opening/Closing & Setup		413.00
Opening/Closing & Setup	IOV 1 2 2003	209.00
		Trans. 12717.1260
Flower vases Marifer setting teMOUNT	HOPE CEMETERY	
Recording and filing fee	icion unse	50.00
Sales taxes	1	16.20
	_Total Due,	1943.2
11-12-03A09 PSG	refelptinumber Paid by	1943.20
II IE WHILE T	M/Balance du	0
I hereby certify I am the	n of remains as above indicated. I cert in and I agree to hold Mt. Hope Cemete	named decedent ify and represent ery harmless from
No. 100 Acres (Acres (A	×	
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Rignature of reconted holder of deed	Chy	Zip Gode
Bulette	Talaphone	
Work Order # E 18128	Invoice #	
REA-104 (7-96) This inform	eation is available in alternative forms	its upon request.

& Printed on recycled paper



MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

the burial space.				
Roberts	x ·	cupp	CUPP	
Blind Check Initiated By: Interment space for: 1114	Paulé vgare 1	tleC. Ruda Time: 11	_ Date:∐ ∮o <i>K</i> ∶00	112
Div:Sect: Grave Laid out by:	man 7 e	~ _	_	
Agrees with Legal Card: Agrees with Map: Yes	okyes s	O No Fl	ig on	grava
lind Charle & Varified B	1/x)	16010	Date	11-170

= 18128

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 05/01/1945 11/07/2003 MONTH, DAY, YEAR MARGARET ANNE RUDDOCK SA. CITY OF DEATH 5B. COUNTY OF DEATH -- OUTSIDE CALIF, 18, NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT BAKERSFIELD JOE CORDILEONE - BROBER-IN-LAW KERN 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 438 CAMINO DEL RIO.#213 - IF APPLICABLE Humphrey Mortuary SAN DIEGO.CA 92108 8A. SIGNATURE OF APPLICANT-Person taking permit (8B. DATE SIGNED PD-964 Chula Vista, CA NECOL hereby actinoeledge as applicant that the proposed disposition stated herein is one of the dispositions sushorized by Section 100055 of the Health and Safety Code, and was sushorized pursuant to Section 7100 of the Health and Safety Code. 11/11/2003 ACKNOWLEDGEMENT OF APPLICANT 9A AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERIMT. \$13.00 11/11/2003 Jinadu.M.D. **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IE DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW PO BOX 85222 PERMIT TO SHOW FINAL 1800 lit. Vernoa Avenue DISPOSITION Bakarafield, CA SAN DIEGO.CA 92186 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY Y A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA THA NAME AND ADDRESS OF CAUFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL MT. HOPE CEMETERY SAN DIEGO, CA 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT CREMATION 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 138, DATE RECEIVED SCIENTIFIC LISE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B, DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B, DATE OF 15C. SIGNATURE OF PERSON IN 150 LICENSE NUMBER OF

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

DISPOSITION

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION.

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

CREMATED REMAINS DIS-

POSER - IF APPLICABLE

CHARGE OF DISPOSITION

SCATTERING/BURIAL

AT SEA OR

DISPOSITION OTHER THAN IN A CEMETERY

MT. HORE CEMETERY

INTERMENT ORDER

pr need

City of San Diego

Al 1000		Opte	11/12	03
	3	111		
You are hereby authorized a		your rules and reg	Jiations, to inter th	ne remains
of	maid G	TIPCE C	Sapeo	
in a Type of Burlet Conta	Funeral	date, time	Samo	رم بص
Church, Chapel Graveside) WITNESS	:Clair	emont	Mortuary.
All Funeral cars must arrive	before 3:30 p.m. of regul	lar work day or an e	xtra charge of \$	
will be applied and billed to	undersigned		-	
Lot 45 Grave 8		Section 2	_ Division/Block _	12
Grave space & Care Fund		******		18 <u>5.0</u> 0
Additional spaces and care t	und	AID		
Charmid curered or courties	*****************************	AIU	<u> </u>	130
Burlal Container			2	<u>09.00</u>
Handling Fees		1 2 2003	<u>1</u> 0	60.00
Flower vases - Marker settle	ng tee. The V	ASE (FR	EE)	` —
Recording and filing fee	MOUNT HO	PE CEME I E	HY .	50.00
Sales taxes				16.20
1 NHO	. ?	Total Dise	โร	353.5
100 860 N	2-03 Paid receipt i	number R-50	2879 TS	33:
11/8/2 DJA	, /Sena	MUCH LAGUIA	Balance due	2
10000	ional Felle	יין יושלער		_
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that I have the right to make any liability on account of sa	this authorization and i a lid authorization and inte	gree to hold Mt. Ho meny. McMa	pe Cemetery her	nless from
	v	11)14	Kong	TAT
I hereby authorize the interprinciple in hereby authorized the interprinciple in hereby authorized in hereby autho	1994 Injoc 45 PAIDS	WAC N	101	TRI
	*	2019	VIII-T FE	anun
Bignature of recorded holder of deed	75	An Ch	(C > (Zio Code
1 intle	Sak	1-478-	4,07	7-80/cs280
Paulotte	72			
F 40	100	nvoice #		
Work Order # E 18	127	voct. #	CHICAGO TO THE STATE OF THE STA	
22411551125H	The fact that the same of the same of	REDURANCE OF THE STATE OF THE S		



GRAVE BLIND CHECK FORM

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

		16m2	Proce		81.51.20
Lee	Jon	es x	Sur	9 Thu	NOSION
	0011	. Y		 	

	4		Ca b	ace	100	
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		or: Ron Uduy III			1:00 G.	8.
		2 BIK				
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Agrees	with Lega	Card: DY	es .	0 No F	log	m
Agrees	with Map:	☐ Yes		No	00	Jan
Blind Cl	neck & Ve	erified By:			Date:	•

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - N	MAKE NO ERASUR	RES, WH	ITEOUTS OR O	THER A	LTERATIONS			
1/	NAME OF DECEDE	100	1B. MIDDLE	1C. LAST (FAM	LNER			2. DATE OF BIRTH MONTH, DAY, YEAR 03/09/1961	3. DATE OF MONTH, DA 10/06		4. SEX
	SAN DI		RNIA - ELINERAL DIRECTOR OR PERSO	ENTER STAT	SA	- OUTSIDE CALIF, I DIEGO ICENSE NUMBER	OF IN	RELATIONSHIP FULL FORMANT RICIA CAINES QUINTAN DRI	MAILING ADD	RESS AND	ZIP CODE
	CLATRIMORT	HORTCARY	SAN DIBCO, CA			1126	WII	LIAMSTON, MI	£ 48895		SIGNED
_	ACKNOWLEDGEMENT OF A		scknowledge as applicant that the proposed dispositions and Safety Code, and was authorized pursuent to			orized by Section 103058	M	will Del	Ills	11/1	4/2003
555	· · · · · · · · · · · · · · · · · · ·	THE CALIFORNIA HEAL TY FOR THE DISPOSIT	D IN ACCORDANCE WITH PROVISIONS OF TH AND SAFETY CODE AND IS THE AUTHO TION SPECIFIED IN THIS PERMIT, IN HORIGHT OF DISPOSAL OUTSIDE OF CALIFORN	\$13.0	CENE 255.36	DIARE 11.	History and	2318797	AL REGISTRAR	issuing per	AAT .
3	Principle of the Company of the Comp	P.O. BOX	REGISTRARI OF DISTRICT OF DEA RRED IN CALIFORNIA 0, CA 92186 5222	тн —				OT DISPOSITION — ER DISTRICT IN CALIFORNIA	8		
1	A. BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	CREMATED REMAIN	ADDRESS OF CALIFORNIA CEMET DPE CEMETERY - 375 SAN DIEGO, CA 92	1 MARKET S	T LIFORNIA PUTSIDE OF	11. 3	nn	C. SIGNATURE OF PER	1	•	
LE TTEMS	CREMATION	12A. NAME AND	ADDRESS OF CALIFORNIA CREMA			12B. DATE CREM	ATED 12	C. SIGNATURE OF PER	SON IN CHAP	ROP OF CRI	EMATION
IL APPLICAB	SCIENTIFIC USE	13A. NAME AND	ADDRESS OF CALIFORNIA FACILIT	TY RECEIVING REM	AINS	13B. DATE RECEI	VED 13	IC. SIGNATURE OF PER	ISON IN CHAI	RGE OF FAC	·
COMPLETE	TRANSIT		ADDRESS IN RECEIVING STATE O OR CREMATED REMAINS ARE TO B			14B. DATE SHIPP	ED 14	C ADDRESS AND SIGN OF PLACING WITH T			HARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT	NEAREST POINT ON SHORELINE, C TO IDENTIFY FINAL PLACE AND CA I SEA, ONLY ENTER LATITUDE AND	A DISTRICT OF DISP		15B. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS	SITION C	50. LICENSE I REMATED RE OSER — IF AF	MAINS DIS-

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

Hud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date NOV. 12, 03

You are hereby authorized and instructed, subject to your ruled VCSFella HCC.	es and regulations, to inter the remains
in a TS Well + Funeral, date, ti	C Will wall
Type of Buriel Container.	0.0.0
	manda).
All Furneral care must arrive before \$460-p.m. of regular work 3:(70)	day or an extra charge of \$
will be applied and billed to undersigned	***
Lot 14.59 Grave 1 Row Section	Division/Block_10
Grave space & Care Fund	1995_
Additional spaces and care fund	
Opening/Closing & Setup	413 -
Burial Container	275-
Handling Fees NOV. 1.2. 2003	204-
Flower vases Marker setting fee	
Recording and filing fee MOUNT HOPE CEM	ETERY _ GO -
Sales taxes	<i>છ.</i> મ
	Total Due
Paid receipt number	R56880 2058.31
Pago Issuija Issuija	Balance due
I hereby certify I am the Hus Band	of the above named decedent
and this is your authority to make disposition of remains as that I have the right to make this authorization and I agree to	above indicated. I certify and represent
any liability on account of said authorization and interment.	6- 1
I hereby authorize the interment in lot I	genald Miller X
hold under deed.	854 MARIA AVE
Signature of recorded holder of deed Y	DOLAS VALLEY 91977
Strained resident to see	9) 667-9880 2000
11-12-03FTZ:17 PAID .T	// No.4-100-
Invoice i	<u> </u>
Work Order # E 18130 Acct. #	

E18120

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

	1	-	T T		* 1
	Stephens				
	Sanchez	x	titteo		
	lem	Rom	Hane		
Interment spa Interment Dat Div: \ S Grave Laid or	nitiated By: ce for: Bli Sect: Bli ut by: or egal Card:	Hella 114 WROW: _ an fe	_ \(\text{Lot; } \)	lendo 1:00 159 Gr	:
Agrees with N	fap: ☐ Yes		Vo O	S/A	e
Blind Check	& Verified By:_	- A		_ Date:_	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

40

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	3 10 0 0 0	LAST (FAMILY)	- Varuoviino di afe	el-		2. DATE OF BIRTH	3. DATE OF DEAT		
VESTELLA A. CITY OF DEATH SPRING VAL				BELTON-N COUNTY OF DE ENTER STATE	ATH-OUTSIDE (CALIF.,	B. NAME, I	MONTH BAY 1963 NOTH DAY 2003 F 6. 3718/1963 NOTH DAY 2003 F E. REATONS P. FULL MAILING ADDRESS AND ZIP CODE INFORMANT INALD C. McCLENDON—HUSBAND			
	CREMATION	& BURIAL C SAN DIEGO,	HAPEL.	1	CALIF. LICENSE P IF APPLICABLE P-1357	NUMBER	854 M SPRIN	ARIA AVE. G VALLEY.	CALIFORNIA Person taking payfini, 88.	91977 DATE SIGNED	
ACKNOWLEDGMENT OF AP		chreatedge as applicant that 376 of the Health and Safety C					Jean	nitto Den	4000 11	/12/200	
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE ORNIA HEALTH AND S IY FOR THE DISPOSITE BINGHT OF DISPOSAL OUTSED	SAPETY CODE ON SPECIFIED	AMOUNT OF FEE		714/2 BENY		2318712	ÖCAL REGISTRAR IS	SUING PERMIT	
TION REQUIRES A NEW MEMORY TO SHOW FINAL	VITAL RECO	EDSTRAR OF DISTRI DISTRICTION BO CA 92186-5	X 85222					CT OF DISPOSITION- THER DISTRICT IN CALIF			
B. CREMATION	11A. NAME AND AL	DRESS OF CALIFOR	F. 1 G. H. THIS CEMETERY ST MARKET	TEMPORARY ENDISINTERMENT SHIP IN TO CAL TRANSIT TO OL	IFORNIA ITSIDE OF GAL	IFORNIA TE BURIED	3 110.	(Name and	RSON IN CHARGE OF		
CREMATION	SAN DIEGO, CALIFORNIA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -				128. DATE	E CREMATI	ED 12C.	SIGNATURE OF PER	REMOVE OF		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY REC			RECEIVING REMAINS 13B, DATE RECEIVED 13C.				SC. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTREMAINS OR CREMATED REMAINS ARE TO BE SHIPP!				14B, DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PE OF PLACING WITH THE CARRIER				IN CHARGE		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC			MEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- DIDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION DISPOSITION				15C. SIGNATURE OF PERSON IN 15D. LICENSE OF DISPOSITION OF OREM MAINS D. —IF APPL			

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

MT. HOPE CEMETERY

INTERMENT ÖRDER

City of San Diago

At Her	Date 111203
You are hereby authorized and instructed, subject to you	생물이 없는 경에 가지 않는데 아니는 그 없는 것이 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없다고 있다.
a Doris hoster	1 1 1000
in aFuneral, da	ate, time Mon . Nov 11 io
Church, Chapel Graveside	: GA 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.	
Account of the second of the s	oction 2 Division/Block 12
Grave space & Care Fund E - 161 ZC	1
Additional spaces and care fund	
Opening/Closing & Setup	
Opening/Closing & Setup Burial Container UNEY 539	<u> </u>
	<u> </u>
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
11-12-03P03:00 RC	
11-12-03P0Paid@@eipt nur	mber
	Balance due
I hereby certify I am the and this is your authority to make disposition of remain that I have the right to make this authorization and I agree any liability on account of said authorization and intermediate.	se to hold Mt. Hope Cometery harmless from ent.
I heraby authorize the interment in lot I stone hold under deed.	All Jacker
Signature of recorded holder of deed City	Zip Code
Pulate Tone	hone
F 19131	t. #

MT. HOPE CEMETERY

INTERMENT ORDER

1	Mid-middletti milberi	
t Hed	City of San Diego	11/10/10
.6.	Date	MIGOS
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h program or recommend as the series of the	make disposition of remains as above indicated this authorization and I agree to hold Mt. Hope C id authorization and interment.	yourseld yearshippe was
West of the Control o	Ballan To	antil)
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This information is available in elemente formats upon request.

& Printer regular paper

F18131

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

DORIS	EDENT—FIRST (GIVEN)	18, MIDDLE JEAN	IC. LAST (FAMIL FOSTER	n			70872003 4 SEX
SAN DIEG			58. COUNTY OF I		OF INFO	RELATIONSHIP, FULL MAILING DRIMANT ARA FOSTER-DAU	M-08754-2-8-00 -04-06-1-4-00-1-4-2-7-5-10
CALIFORN	IA CREMATION	A-FUNERAL DIRECTOR OR & BURIAL CHAI SAN DIEGO, CA	P. (3) (3) (3)	CALIF LICENSE NUMBER —IF APPLICABLE F-1357	1065 SAN	15TH ST. #103 DIEGO, CA 9210 TURE OF APPLICANT—Person tak	1 inc against, 88. DATE SIGNED
ACKNOWLEDGMENT			opesed disposition stated herein is one id was authorized persuant to Section 710		Hea	WITH DANGON	11/12/2003
PERMIT AUTHORIZATION O	SIONS OF THE CALE AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SE ID BEST OF DISPOSAL OUTSING OF I	\$13.00	11/13/2	003	c. SIGNATURE OF LOCAL RI	EGISTRAA ISSUING PERMIT
ANY CHANGE IN DISPO TION REQUIRES A NET PERMIT TO SHOW FIN DISPOSITION.	VITAL RECO	EGISTRAR OF DISTRICT OF ED IN CAUFORNIA RDS-P.O. BOX (CA 92186-522)	85222	ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		CT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	
10. AUTHORIZED D	ISPOSITION(S) CHECK A	The state of the s			1	FOR CORONER	S'S USE ONLY
	ON OF CREMATED REM C CEMETERY C USE 11A. NAME AND A	DORESS OF CALIFORNIA	CEMETERY			(Name and Address SIGNATURE OF PERSON II	
BURIAL		CEMETERY 3751 , CALIFORNIA !		11-17-0	3 1	Sum F	former
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	ATED 12C.	SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC	ISA. NAME AND A	DORESS OF CALIFORNIA	FACILITY RECEIVING REMAIN	4S 13B. DATE RECE	IVED 13C.	SIGNATURE OF PERSON II	CHARGE OF FACILITY
TRANSIT		doress in receiving st Cremated remains are	ATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIP!	PED 14C.	ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATTERING AT SOME DISPOSITION OTT	FICIENT TO ID		e, or other description s ca <u>district</u> of disposition	UF- 15B. DATE OF DISPOSITIO		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	N 150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

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	Campba	1	Nguy	on.	
		х		Tyler	
		Cook	Black		
nterment spa	nitiated By: <u>K</u> ce for: <u>Dov i s</u> e:[[[17]03	s Fost	er	100	112
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Agrees with M					
Blind Check &	Vorified Due			Date:	

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego -

Date 11/13/03

a Uner	Funeral, date, time	
Type of Barial Container Thurch, Chapel, Graveside		Mortuary.
If Funeral cars must arrive before 3:30 p.m.		The state of the s
	Since the Samuel Control of the Cont	
rill be applied and billed to undersigned		_
ot 38 Grave 12 Row_	Section / Division/	Block 12
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contional spaces and care rund	raiv	413 00
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landling Fees	OFMETEDY	160.00
fandling Fees Nower vases - Marker setting fe	HOPE CEMEIENI	
Recording and filing fee		50.00
laies taxes		16.20
	Total Due	18332
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11-13 411:58	Balance du	.0
hereby certify I am the	450000000000000000000000000000000000000	named decedent
nd this is your authority to make disposition hat I have the right to make this authorization my liability on account of said authorization a	of remains as above indicated. I cert and I agree to hold Mt. Hope Cemete	ify and represent
hereby authorize the interment in lot I old under deed.	Styreture	
	Address	
Ignature of recorded holder of deed	City	Zip Code
ufette - 10170	Telephone	- 25000
., lette	1	
DT = 40470	Invoice #	
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This information	tive forms	its upon request.
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MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

ina	Union of Burnel Contail		f Powel			
Church, Cha	apel, Graveside	-				_ Mortus
All Funeral o	cars must arrive i	before 3:30 p.m	. of regular work d	ay or an ext	ra charge of \$	
will be appli	ed and billed to u	undersigned				
Lot <u>38</u>	Grave/	1 Row_	Section _	1_	Division/Block	12
Grave space	e & Care Fund					185.0
Additional s	paces and care f	und	PAID			
Opening/Clo	osing & Setup			******		113.0
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FOR SECURITY PURPOSES, THE BOPFIER OF THIS DOCUMENT CONTAINS MICROPHINTING

UNTY OF SAN DIEGO PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN

5201-A RUFFIN ROAD SAN DIEGO, CALIFORNIA 92123

ESTATE OF CASE NO.

POWELL, ROBERT

20010228 PROBATE NO. P 178201

REASON FOR PAYMENT GRAVE

U.S. BANK

600 West Broadway, Suite 100 San Diego, CA 92101-3302

90-3582/1222

CHECK NO.

257612

DATE OF ISSUE

10/31/2003

ONE THOUSAND EIGHT HUNDRED THIRTY-THREE.....

DOLLARS

AMOUNT OF CHECK 1833.20

TWENTY

and CENTS

PAY TO THE

MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA. 92102

ORDER OF:

ATTN: PAULETTE

0....

NOT PAYABLE AFTER SIX MONTHS FROM DATE OF ISSUE

H THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW II

257612# #122235821#161843219148#

MT. HOPE CEMETERY INTERMENT ORDER

At-Need

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Renteria Funeral, date, time AT, NO All Funeral cers 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 to Grave Division/Block Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup.... Burial Container Flower vases - Marker setting fee Recording and filing fee MORT. TO 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. Paulette Involce Acct. # This information is available in alternative formats upon request. REA-104 (7-98)

& Printed on respectal paper

E18133

MT HOPE CEMETERY

	GRAVE BI	IND CH	IECK FO	RM	
block marked	ame of the dec with "X". Place er's in the approce.	e the nan	ne's, lot#	and grav	e # of all
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I 18/33

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

2

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

JESUS	NT-FIRST (GIVEN)	18. MIDOLE	IC. LAST (FAMILY)	1 - 1 - 1	2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX
		IVAN	RENTERIA	and the second second second second	0571872005 1171372005 M
SAN DIEGO			58. COUNTY OF DEAT ENTER STATE SA	AN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT IVAN RENTERIA-FATHER
GUADALUPAN	A MORTUARY,	A FUNERAL DIRECTOR OR 2601 IMPERIAL	AVE.	LIF, LICENSE NUMBER F APPLICABLE -1425	4057 MARLBOROUGH AVE.APT#14 SAN DIEGO,CA,92105
SAN DIEGO	, CA.92102				BA. SIGNATURE OF APPLICANT Person taking permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF A	PPEICANT 1 hereby a Section 10	schooledge as applicant that the p 1376 of the Health and Safety Code, a	repeard disposition stated herein is one of the nd was authorized pursuant to Section 7100 of the	e dispositions authorized by the Health and Safety Gode.	11/14/2003 : 11/14/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WITH FORMA HEALTH AND SAFEY IY FOR THE DISPOSITION SE ID RIGHT OF DISPOSAL OUTSIDE OF C	PECIFIED \$13.00	SELENE CI	risèged, 9€, signature of local registrar issuing permit HAVEZ 2318772 2003 ▶
	VITAL REC	EGISTRAR OF DISTRICT OF IN CAUPORNIA CORDS P.O BOX 0, CA. 92186-522	85222		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA
IO. AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY
8. CREMATION		AINS OTHER	E. TEMPORARY ENV.	ORNIA.	I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	MOUNT HOP	DDRESS OF CALIFORNIA DE CEMETERY, D,CA.92102	CEMETERY 3751 MARKET ST.	118. DATE BURIE	1/ - :
CREMATION	12A, NAME AND AD	DRESS OF CALIFORNIA	CREMATORY	128. DATE CREMAT	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND AD	DRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
SCIENTIFIC USE					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DORESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148 DATE SHIPPI	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

COPY 1

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

VS9 (REV. 0/91)

Attud

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1001.14, 03

You are hereby authorized and instructed, subject to	your rules and regulations, to inter the remains
0	deter time Thurs "120 1.00
All Funeral cars must arrive before 350 p.m. of regulations of the supplied and billed to undersigned.	
Lot 23 Grave Row	Section 14 Division/Block 7 D 2988
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	<u> </u>
Handling Feee PAID	<u> </u>
Flower vases - Marker setting fee	
Recording and filling fee	<u>3 50 -</u>
Sales taxes	21.51
I hereby certify I am the Lau Latter and this is your authority to make disposition of rem that I have the right to make this authorization and I any liability on account of said authorization and interest.	Balance due of the above named decadent agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Frenz Oleander Are
11-14-03P02:07 PAID	Chula VIDA 91911 2619-302-1410 Zecode,
\	Acct: #
REA-104 (7-96) This information is	available in alternative formats upon request.

D Printed on respeled paper

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

Illind Check I Interment spa	مراور	X Executed	mcB	, A. C.
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	Sect: 1(p	Blk/Row:		≥ Gr:
Grave Laid o		1.	uen_	

Agrees with Legal Card: Yes No Page 67

E18134

APPLICATION 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 01/01/1924		OF DEATH	4. SEX	
-	Alberta CITY OF DEATH San Die				San Di	ego	6. NAME, OF INF	01/01/1924 RELATIONSHIP FULL ORMANT LE S. Carpet	MAILING A	ADDRESS AND	ZIP CODE
		lagedale Mon	A-FUNERAL DIRECTOR OR PERSON) rtuary, 5050 Feder		B. CALIF. LICE — IF APPLICA FD—1	ABLE	Chu]	Oleander A La Vista, CA TURE OF APPLICANT	9191	1	SIGNED
	ACKNOWLEDGEMENT OF	APPLICANT I hereby addr of the Health	owledge as applicant that the proposed disposition sta and Safety Code, and was authorized pursuant to Sec	led herein is one of the disp ion 7100 of the Health and	positions authorized Safety Gode	by Section 103055	▶ bli	ha to migh	· tam	11/1:	3/2003
0000	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. DRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FE		В DATE РЕПМІТ 11/18/2 В. Салера	*	9C SIGNATURE OF LOC. 2318858	AL REGISTR	KAR ISSUING PE	RMIT
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	Vital Reco	GISTRAR OF DISTRICT OF DEATH IED IN CALIFORNIA DTGs. P.O. Box 852 CA 92186-5222	1				T OF DISPOSITION B DISTRICT IN CALIFORNIA			
110	A. BURIAL IINCLUDE	F CREMATED REMAINS (TERY	OTHER	E TEMPORARY EI F DISINTERMENT G. SHIP IN TO CAL D. TRANSIT TO OL	LIFORNIA UTSIDE OF CAL	7871/26/50		L DISPOSITION P (Name and Address	ENDING — I		
	BURIAL	Mt. Hope	Cemetery, 8751 Ma C, CA 92102		et	-Z1-6	6	SIGNATURE OF PER	RSON IN C	HARGE OF BL	JRIAL .
APPLICABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128	DATE CHEM	ATED 120	SIGNATURE OF PER	ASOM N C	HARGE OF C	REMATION
ALL APPLICA	000				INS 138	S. DATE RECEI	VED 130	D 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
COMPLETE					14B	14B. DATE SHIPPED 140		14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAD EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPO		B. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPO		15D LICENSE CREMATED R POSER — IF	EMAINS DIS-
_			14 TO				(80,403.72)			41	

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

Paid paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/14/63

(00		8/8	11/15
You are hereby authorized and instructed, su	abject to your rules and r		ter the remains
	0 0	m	
In a Type of Buriel Container	Prineral, date, time		Contract of
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or a	n extra charge o	of \$
will be applied and billed to undersigned.			
165, 166, 167 Grave Row	SectionMus		ock
Grave space & Care Fund	uts a 66.	2 seach	181500
Additional spaces and care fund			
Opening/Closing & Setup			
Burial Container	DAID		
Handling Fees	TAIL		
Flower veses - Marker setting fee	N 1 4 2003		-
Recording and filling fee)		
Seles taxes MOUNT	HOPE CEMETE	AY	
incon.	Total D		
Paid	receipt number R-S	1000	1815.00
		Balance due	0
I hereby certify I am the		of the above ru	smed decadent
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above in n and I agree to hold Mt. and interment.	dicated. I certify Hope Cemetery	and represent harmless from
HAMED ITALD I hereby authorize the interment in lot I	+ Dum	ld th	w.
hold under deed.	Signature	V	-
Rienature of recorded height of deed	Address	U	
1 1/1	City	THE TOTAL	Zip Code
Paulote	Telephone		
	Invoice #		
Work Order # E 18135	Acct. #		
SAME AND THE CASE OF SAME AND	AND SECTION SERVICES AND AND ADDRESS.		

REA-104 (7-98)

This information is available in alternative formats upon request.

AT - NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/14/03 /

orBARBARA CAN	MPBELL 2272 16
ina TS VAULT	Funeral, date, time 1UESDAY NOV. 18Th 1
Church, Chapel Graveside	; COVRAD Mortuery.
All Funeral cars must arrive before 3:80 p.m.	. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 23(0 Grave 12 Row	-07
Grave apace & Care Fund	985.00
Additional spaces and care fund	
Opening/Closing & Setup	DAID 413.00
Burial Container	PAID 275,00
Handling Fees	20400
Flower vases - Marker setting fee	
Recording and filing fee MOUN Sales taxes	THOPE CEMETERY 50.00
The state of the s	Total Dus 1948.3/
11-14-03PD AS	PAID VION 1 19483
CON 376 11-14-03PO PAS	The dead
I hereby certify I am the SOY	of the above named decedent
and this is your authority to make disposition	or of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
Signature of recorded holder of deed	Sanfico A. 9254
1 sole	Triaphone 428-0334
hus -	Invoice #
Water trans E 18136	

E 18136

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE FLORENCE		1B. MIDDLE BARBARA	IC. LAST (FAMILY) CAMPBEL				71172003 F
SAN DIEG	90	A .		SAN DIEGO	OF IN	RELATIONSHIP, FULL MAILING FORMANT N A. CAMPBELL -	
CONRAD LE	ON GROVE M	A—FUNERAL DIRECTOR OR PERSO ORTUARY N GROVE, CA 9194:	a 88880 F	CALIF. LICENSE NUMBER —IF APPLICABLE FD941	SAN	8 COLDWELL LANE DIEGO, CA 9215 ATURE OF APPLICANT—Person 19	4 .
ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed of G75 of the Health and Safety Code, and was as			10	ullow =	11/13/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROV ORNA HEALTH AND SAFETY COO ITY FOR THE DISPOSITION SPECIFIE IS NIGHT OF DISPOSAL DIFFISION OF CALFORN	\$13.00	Grant K 0	Sales and	9C. SIGNATURE OF LOCAL F 2318862	egistrar issuin's permit
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	CO. OF SAN D	EGISTRAR OF DISTRICT OF DEALTH AND DEALTH OF HEALTH SERVICE OF HEALTH SERVICE OF HEALTH SERVICE OF THE SERVICE OF T	SERVICES	ADDRESS OF REGISTRAF F DISPOSITION IS TO OCC		TRICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA	
B. CREMATION	OF CREMATED REMEMETRY		E. TEMPORARY EN			FOR CORONEI I. DISPOSITION PEND (Name and Address	ING-REMAINS LOCATED A
BURIAL	MOUNT H	DDRESS OF CALIFORNIA CEME OPE CEMETERY REET STREET GO, CA 92102	TERY	118. DATE BURIE		C. SIGNATURE OF PERSON I	N CHARGE OF BURIAL
CREMATION		ddress of California Crem	ATORY	128, DATE CREMA	TED 12	C. SIGNATURE OF PERSON I	
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECE	IVED 134	C. SIGNATURE OF PERSON I	N CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO D		14B, DATE SHIPP	ED 144	C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, or Entify final place and ca <u>dis</u>		158 DATE OF DISPOSITION		C. SIGNATURE OF PERSON I CHARGE OF DISPOSITION	N 15D, LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER	
City of San Diego	1 63
You are hereby authorized and instructed, subject to your rules and regulations, to in of Knighting Funeral, date, time Funeral, Chapel, Graveeide Family	
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge	of S
will be applied and billed to undersigned.	
Lot 123 Grave 9 Row Section 3 Division/Bl	12 +
Additional spaces and care fund	CONTRACTOR OF CO., LANSING
Burlal Container	<u>w-</u>
Handling Fees NOV-1-7-2003	
Recording and MOONT HOPE CEMETERY	50 - 4.73
Paid receipt number R -5699	297.73
Balance due	amed decedent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed. Separate School Separate School Separate School Separate Separate School Separate School Separate Separate Separate Separate School Separate Separ	
Signature of recorded holder of board San Die 90 Ce 1000 1000 1000 1000 1000 1000 1000 10	2 92/64 Zy Gods
Work Order # E 18137 Invoice #	

& Printed on recycled paper

REA-104 (7-96)

E 18136

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.

	_	 			27
-		x		دآھيوے)	
•			Lopez		
	*				

Blind Check Initiated By:	am	Date: (1 13
Interment space for: Ba	rbara C	tempbell
Interment Date: 11/18/03		
Div: 12 Sect: 2 Blk	/Row: Lo	t: <u>236</u> Gr: 12
Grave Laid out by:	, tengan	
Agrees with Legal Card: Y		lag on
Agrees with Map: Yes	□ No	a grave
Blind Check & Verified By:	ARREY	Date://-17-0

Atreed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11 17 03

ot	Faure	MAG	Gee,	2272	22
ina	5 War	<u> </u>	Funeral, date, time	ned"	119 1:00
Church Choo	Graveside		;_K		le Mortuary.
All Funeral can	s must arrive befo	p.m.	of regular work day	or an extra char	ge of \$
will be applied	and billed to unde	ersigned	-	-	
088 m	Grave \	Row	Section	Division	vBlock_10
			***************************************		mac-
Additional space	ces and care fund	I			
					11.7 -
					~~~~
Hendling Fees			PAID		204-
	- Marker setting f	100			
Recording and	filing fee	N	OV 1 9 2003		50-
Sales taxes					<u>24.31</u>
		MOUNT	HOPE CEME	TERY	20583
		Paid	receipt number R	56917	2058.31
	4			Balance	due
that I have the	r authority to med	authorization	n of remains as above n and I agree to hold and interment.	e indicated. I co	e named decedent ortify and represent tery haunless from
I hereby author hold under dee	rize the interment ad.	in lot I	X	ا مر ا	ed
Pa	Nobber of dead		Address D	Hae	Zip Code
Work Order #	E 181	38	Invoice #		
REA-104 (7-96)		This inform	ation is available in	alternative form	nats upon request.

& Printed on respeled paper

### Atheed INTERMENT ORDER City of Sen Diego

### MT. HOPE CEMETERY

Deto 11 17 03

TS 20.00	Fumeral, data, time USECU'19
The or Burket Company	Rage Scale Mortuger
Nurch, Chepel, Greveelde	
3(0)	a. of regular work day or an extra charge of \$
All be applied and billed to undersigned.	Augustus S. MAGBE
or Sala Greve_\ Row_	Section Division/Block
Staye space & Care Fund	1095
different species and Gare fund	
pening/Closing & Selve	<u> </u>
Burial Contemer	275
tending Food	204-
Towar Vision - Marker setting fee	
Recording and liting less	507
Wes 18200	<i>24.3</i> 1
	TON CAR
Pak	d receipt number
	Bottonce due
hereby certify I am the X Husban	ed of the above named deceder
and this is your authority to make this sufficient test I have the right to make this sufficient any liability on account of said authorismism any liability on account of said authorismism	on of remains as above indicated. I cartify and represent on and I agree to hold left. Hope Constany harmless from a and interment.
I hereby eathorize the interment in lot I road under deed.	4205 Butteview Place Spring Valley, CA 91977
Syrators of extended Spills of Spice	(619) 463-5606
Work Order # E 18138	Acd. #
EXCENSION FOR THE PROPERTY OF	ASSESSMENT WAS AS THE PARTY OF





### 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.

	-				
					NA.
Brown			MOIO		
	vally	x	Acell O		
	Clipped	Cook	Clipper	*	
Blind Check Initiate Interment space fo Interment Date:  Div: 1 O Sect:	r. Fa	79 M	ic Geo		
	(* <b>1</b> -0)	1.3			
Grave Laid out by: Agrees with Legal Agrees with Map:	Card: 🗹	Yes (	J NO 4	lag	90
Agrees with Map:	Ø Yes		No `	gu	ave
Blind Check & Ver	ified By:	Init?	Toric-	_ Date:	

£ 18138

### Mount Hope Cemetery 3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

11-2	-2003	E-18134
то:	Diane Carpenter 1542 Oleander Ave Chula Vista CA 91911	
	DESCRIPTION OF CHARGE	AMOUNT
	Late arrival fee for the service of Alberta Smith.	\$165.00

Please remit within 30 days.

### **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**

IA. NAME OF DECEDE	NTFIRST (GIVEN)	18 MIDDLE	1C. LAST (FAMILY)	11120013 011 01	2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Fave	, mor your en	Rene	Magee		04/20/1938	
SA. CITY OF DEATH  San Di  7A. TYPED NAME AND A	DORESS OF CALIFORNI Ragadale M		58. COUNTY OF DEATH ENTER STATE  San Dieg.  SON ACTING AS SUCH 78. CALIF  ederal Blvd	LICENSE NUMBER PLICABLE	6 NAME RELATIONSHIP FUL OF INFORMANT Gus Magee, Hu 2405 Buttevie Spring Valley	L MAILING ADDRESS AND ZIP CODE shand Place
ACKNOWLEDGEMENT OF	Thereby action		sition stated herein is one of the dispositions au ni to Section 7100 of the Health and Safety Cod	horized by Section 103055	- Con Car	11/17/2003
renant	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	I ACCORDANCE WITH PROVISIONS O AND SAFETY CODE AND IS THE AUT I SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIF	OF 9A. AMOUNT OF FEE PAID HOR-	98. DATE PERMIT IN 11/17/200 B. Campi	3 2318842	CAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	Vital Reco	GISTRAR OF DISTRICT OF DI ED IN CALIFORNIA rds, P.O. Box 8 , CA 92186-5222	5222		F DISTRICT OF DISPOSITION — N ANOTHER DISTRICT IN CALIFORN	A
B. CREMATION OF THAN IN A CEME	S ENTOMEMENT)  CREMATED REMAINS (TERY)		E. TEMPORARY ENVAULTM F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE C		534 - 21 000-020 904 000000000	CORONOR'S USE ONLY PENDING — REMAINS LOCATED AT 1995)
BURIAL	MitaHope	Cemetery, 3751 CA 92102	ETERY Market Street	118. DATE BURIED		ERSON IN CHARGE OF BURIAL
CREMATION  USE  SCHOOLSE  CREMATION  CREMATION  CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PI	ERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACI	ILITY RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGNATURE OF PI	ERSON IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPE	D 14C, ADDRESS AND SK OF PLACING WITH	GNATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE DIDENTIFY FINAL PLACE AND EA, <u>ONLY</u> ENTER LATITUDE A	CA DISTRICT OF DISPOSITION	15B: DATE OF DISPOSITION	15C, SIGNATURE OF PI CHARGE OF DISP	

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

### At rud

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11 18 03

You are hereby authorized and instructed, subject to		C 277235
In a Funer	al, date, time Hom	11/24 11:00
Church Chapel, Graveside	: Kags	dale Mortuary.
All Funeral cars must arrive before \$600.m. of reg will be applied and billed to undersigned.	Juliar work day or an ext	ra charge of \$
Lot 64 Grave 12 Row	_ Section	Division/Bleek_ (2
Grave space & Care Fund	••••••••	<u> </u>
Additional spaces and care fund		
Opening/Closing & Setup	<u>Q</u>	\$ 413-
Burlai Container	6 8	209-
Handling Fees	. 4	160-
Flower vases - Marker setting fee	2 4	
Recording and filing fee	- ZC	50-
Sales taxes	~ ~	16.90
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STotal Due	1833.20
Laturally 2 pour Paid receip	number K 909	35 833.20
3 0,		dance due
I hereby certify I am the	of th	e above named decedent
and this is your authority to make disposition of re- that I have the right to make this authorization and i any liability on account of said authorization and in	I agree to hold Mt. Hope	ed. I certify and represent Cemetery harmless from
	200 March 200 April 200 Ap	
I hereby authorize the interment in lot I	<u></u>	TANCE
I hereby authorize the interment in lot I hold under deed.		follow
I hereby authorize the interment in lot I hold under deed.	F D F	follow
hold under deed.	Chip D	26000
hold under deed.	Telaphone Invoice #	20000

At rud

15:34

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diago

Date 11/18/03

	Adject to your rules and regulations; to trial the remains
	Fumeral date, time Man 11 24 11:00
Church Chapel, Graveolde	i docada e morney.
All Funeral care must arrive befored 800 p.m.	of regular work day or an extra charge of 8
will be applied and billed to undersigned	
LOT COT Grave 12 How_	Section 2_ Division/Bleek_ 12_
Grave space & Care Fund	905
Additional ageons and care tund	
Opening/Crosing & Satup	T1.2
Burtal Container	209-
Harding Feet	140-
Prover vision - Memor setting fee	72.5-
Recording and filling fee	
Sales taxes	
Hedray 2 pay	Total Due 833.30
J . 14	Belance dus
I hereby certify I am the	gf the above named decedent
and this is your suthority to make disposition that I have the right to make this authorization any liability on account of each authorization.	· · · · · · · · · · · · · · · · · · ·
I hereby authorize the interment in lot   hold under deed.	Kumberly Sompson
	2194 Franklin Avenue
Signature of presented builder of these	San Diego, CA 92113
	(619) 234-4208
- /	Involce 0
Work Order e E 18139	Acet 9
resp. 10a (7-es) This inform	ation is available in alternative formats upon request.

### **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**

14 <del>-</del>

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	,		2. DATE OF BIRTH		OF DEATH	4. SEX
	Johnny	*	-	Simpson		-	01/24/1929	MONTH	16/2003	M
	San I			ENTER STATE	EATH — OUTSIDE CALIF an Diego	OF IN	RELATIONSHIP FULL FORMANT berly Simps	MAILING	ADDRESS AND	ZIP CODE
7/	Anderson-I	DDRESS OF CALIFORN Lagsdale Mo	A-FUNERAL DIRECTOR OR PERSON. Ttuary, 5050 Feder	al Blvd	FD-1329	219 San	4 Franklin Diego, CA ATURE OF APPLICANT	Avenu 92113	e	CICNED
Ų	ACKNOWLEDGEMENT OF A	I hereby actor	rowledge as applicant that the proposed disposition sta and Safety Code, and was sufficient pursuant to Sec	ried herein is one of the disposit tion 7100 of the Health and Safe	ons authorized by Section 109055		Au hora	1) ex		18/200
	FEMALE	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. DIRIGHT OF DISPOBAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE F	98. DATE PERM 11/19/2 B. Camp	2003	2318945	AL REGIST	rar issuing Pé	AMIT
- 9	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	Vital Reco	EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA Tda, P.O. Box 8522 CA 92186-5222		ADDRESS OF REGISTRAI IF DISPOSITION IS TO COCI			ò		
	A. BURIAL (INCLUDE  B. CREMATION  C. DISPOSITION OF THAN IN A CEME  D. SCIENTIFIC USE  BURIAL	CREMATED REMAINS (TERY	DTHER  DDRESS OF CALIFORNIA CEMETER  Cemetery, 3751 Max		ORNIA IDE OF CALIFORNIA 11B. DATE BURI	1	I. DISPOSITION F (Name and Addre	155)	TAR PROCESSOR , NO. 100	V.
		5	o, CA 92102		11-24-		KUM 1	1	ung	
BLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	DHY	12B. DATE CREI	MATED: 12	C. SIGNATURE OF PE	RSONTO	HARGE OF CE	REMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	S 138, DATE RECE	EIVED 13	C. SIGNATURE OF PE	RSON IN C	HARGE OF FA	ACILITY
COMPLETE	TRANSIT		ODRESS IN RECEIVING STATE OR O CREMATED REMAINS ARE TO BE S		14B. DATE SHIP	PED 14	C. ADDRESS AND SIG OF PLACING WITH			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAID SEA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSI			C. SIGNATURE OF PE CHARGE OF DISPO		150 LICENSE CREMATED R POSER — IF	EMAINS DIS-

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

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

the bur	ial space.	1	1		1	T * 9
			100			
			Dung.	an i	Jet	(et)
	r post	STATE	х	Jul		NBQ,
	<u></u>			LOSSI	KK ,	
		¥			R	e .
Blind C	heck Initial	ed By:	Par	Pac	Celle	11/12
Interne	ent space fo	or: <u>J</u> 0	um	m ?	simp	son P
Interne	ent Date: <u>}</u>	mu!	124	Time:	110	Q
Div:_1	Sect:	2 BI	k/Row: _	Lo	# 107	Gr: 12
Grav∂	Laid out by	florma	n fe	سريسعه	n	
Agrees	with Legal	Card: 🛛	Yes	□ No		
Agre 38	with Map:	TYes		No	1000	50/2016

Blinc Check & Verified By: M. Carbon

### MT. HOPE CEMETERY

INTERM	ENT ORDER
Dre need and interm	of San Diego
the at 30How	Date 11903
You are hereby authorized and instructed, sub	eject to your rules and regulations, to inter the remain
	KRUG 8
BO ASH WARLY VALLET E	uneral, date, time Man NOV 24 1
Church, Chapel, Graveelde	5 PACIFIC PEPCH WORLD
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra change or
will be applied and billed to undersigned	
Lot 47 Grave 23 Row_	Section 2 Division/Stock
Grave space & Care Fund	- 2/01/0 0
Additional spaces and care fund	
Opening/Closing & Setup	all a grap to -
Burial Container ASH VALLT	1744 48 4 Q -
Handling Fees	NOV 1.9 2003
Flower vases - Marker setting fee	NOV . METERY —
Flower vases – Marker setting fee  Recording and filling fee  Sales taxes	
Sales taxes	OUNT ITS
11-19-03A10:27	PAIU Total Due
856-463 165 Paid n	eceipt number
W 856-463 4465 Paid n	Balance due
Thereby certify I am the Wife	of the above named decede
and this is your authority to make disposition	of remains as above indicated. I certify and represe and I agree to hold Mt. Hope Cemetery harmless to
any liability on account of said authorization a	ind Interment.
I hereby authorize the interment in lot I	* alice & Trug
hold under deed.	1 4872MT ALIFAN ODR
Rignature of recorded holder of deed	V SANDEGO CA PULL
H152175357537 TVA 31515H-2000-1003	(858) 277- 2957 AD
Prulate - 10110	Telephone
Vince	Invoice #
Work Order # E 18140	Acct. #
REA-104 (7-98) This informs	ation is available in alternative formats upon reque
	tied on registed paper

### MT HOPE CEMETERY

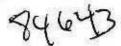
### GRAVE BLIND CHECK FORM

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

 racknai	ANGR	Adler	fored		
HAWATO		x			
	Charles	Sandra		Hund	
	ctunso	Strepan	8	4	i i

	HAMILLO	<b>\</b>	x			
,	1	Marles			Hun	D
		stanshu	Strictoric	8		4
Blind Ch	eck Initiate	ed By: PA	ulate		Date	<u> 49</u>
	t space for					
Internen	t Date: []	24/63	Т	ime:l	1:00	Witnes
						Gr: 23
Grava La	aid out by:	Norma	n te	<u>u</u>		9
Agrees v	vith Legal (	Card: 🗹 Y	es [	J No	1000	m grave
Agrees v	with Map: (	Yes		lo P	3	
			1)			

Blinc Check & Verified By: Wait Varie



### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E1-8140

1A. NAME OF DECED	ENT-FIRST (G/VE	N) 18. MIDOLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
EDWIN		CARL	KRUG		MONTH DAY YEAR 02/11/1923	11/13/2003 M
SA. CITY OF DEATH	=====	SAN DIEGO	58. COUNTY OF DEAT ENTER STATE	H OUTSIDE CALIF	OF INFORMANT	, MAILING ADDRESS AND ZIP C
		DANIA - FUNERAL DIRECTOR OR PE	RSON ACTING AS SUCH 7B. CALIF	F. LICENSE NUMBER	ALICE S. KRUG-W. 4872 MT. ALIFAN	
	IC BEACH (	CHAPEL 4710 CASS	ST.	-815	SAN DIEGO, CA 9:	
ACKNOWLEDGEMENT OF	APPLICANT I harned of the I	y acknowledge as applicant that the proposed de- resith and Safety Code, and was authorized pure	position stated herein is goe of the dispositions a	urborized by Section 103055	· C. Arier	11/16/200
PERMIT	THE CALIFORNIA HE	ED IN ACCORDANCE WITH PROVISION. ALTH AND SAFETY CODE AND IS THE AL		98. DATE PERMIT		AL REGISTRAR ISSUING PERMIT .
AUTHORIZATION OF LOCAL REGISTRAR		SITION SPECIFIED IN THIS PERMIT. IES NO RIGHT OF DISPOSAL OUTSIDE OF CAI	FORMA \$13.00	C GRIE		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FRAIL DISPOSITION	VITAL RI	FREGISTRAR OF DISTRICT OF URRED IN CALIFORNIA ECORDSPO BOX 8 EGO, CA 92186-522	35222		OF DISTRICT OF DISPOSITION N ANOTHER DISTRICT IN CALIFORNIA	7
10. AUTHORIZED DISPO	SITION(S) CHECK AP	PLICABLE ITEMS			FORC	DRONOR'S USE ONLY
A BURIAL INCLUD	ES ENTOMBMENT)		E. TEMPORARY ENVAULT	MENT		PENDING - REMAINS LOCATED AT
B. CREMATION C. DISPOSITION O THAN IN A CENT D. SCIENTIFIC USE		NS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFORNI D. TRANSIT TO OUTSIDE	Control to the Control Con		ie)
T	11A. NAME AND	ADDRESS OF CALIFORNIA CE	METERY	ITE DATE BURIE	11C. SIGNATURE OF PER	RSON IN CHARGE OF BURIAL
BURIAL	SAN D	PE CEMETERY 3751 LEGO, CA 92102		11-24-0	3 - Keine F	- pands
SP - CREMATION	CYPRES	O ADDRESS OF CALIFORNIA CR S VIEW CREMATORY SAN DIEGO, CA 92	3953 IMPERIAL	11/19/0	3 V James OF PER	ASON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND	ADDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	ISB/DATE DECEM	VEO 130-SIGNATURE OF PER	ASON OF ARIGE OF FACILITY
TRANSIT		DADDRESS IN RECEIVING STAT OR CREMATED REMAINS ARE 1		148. DATE SHIPPE	D 14C ADDRESS AND SIGN OF PLACING WITH 1	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	SUFFICIEN IF BURIAL	NEAREST POINT ON SHORELIN TTO IDENTIFY FINAL PLACE AN AT SEA, <u>ONLY</u> ENTER LATITUDE	D CA DISTRICT OF DISPOSITION	158 DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	
				1		
FOR COMPLET OR THE DISTR	ING AND FORWARD NEAREST THE	MPANIES THE REMAINS TO ARDING THE PERMIT WITHIN HE POINT WHERE THE CREM ONE YEAR FROM ISSUE DA	THE STATED PLACE OF DIS 10 DAYS OF DISPOSITION TO MATED REMAINS WERE SCA	O THE RECHESTAL	RECTAL DISTRICTURA WHICH THE COCAL REGISTRAR MAY	I DISPOSITION OCCURRED Y DESTROY ANY ORIGINAL

COPY 1

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

VS9 (REV. 3/03

1205

### 4

### MT. HOPE CEMETERY INTERMENT ORDER

AT NEED

City of San Diego

Date_	111	191	103	
Date	$u_{II}$	171	CO	

of	-	AN	PELT	BUET		2277	729	000 40 00 00 00 00 00 00 00 00 00 00 00
ina	D	D.C	RUDT	(B)	Funeral, date,	time FRI	DAY NOU	21 1:00
Church	Chap	Type of I el. Gra	arie Stainer rveside			RAG	SDALE	Mortuary.
All Fune	AL.	AR	CHARE STATES	ore 3:30 p	.m. of regular wo	k day or si	n extra charge	of \$
			pilled to und		-			
Lot 10	03	_ Gra	vo (0	Row_	Section	on	Division/Bi	oek <u>//</u>
Grave s	pace (	A Care	Fund	ε	-16623			<del>-</del>
Addition	al spe	ces a	nd care fun	db				
Opening	/Clos	ing &	Setup		DALF			413.00
Burial C	ontair	er	··········		TO SUL			
Handling	Fee	s		11	MANY 2 1 201	ß		
Flower v	2.205	- Mar	ker setting	fee	1401		***************************************	
Recordi	ng and	d filing	188	MATIN	T HOPE CE	METE	RY	-50.00
Sales ta	X85	*******		MOO!				77
NORT.	10	, 75	4	P	aid receipt numbe	00	3,033	463.00
NORT.	1 -	90		17.0		Non-Rose	Balance due	-0-
that I ha	is you	ur auti	nority to make the	s authorize	tion of remains a tion and I agree to on and interment	o hold Mt.	dicated. I certify	
I hereby hold und			he intermer	nt in lot i	Signatura Signatura Addings	el	Jul	ud_
		d hother			Cay Y	ou	×	Zip Code
Pal	113	te	•		Invoice			
Work O		E	181	41	. Acct. a	N 57		
REA-104	77-960			This info	ormation is susili	shie in elte	mative format	s upon request.

6 Printed on respeled paper

### MT. HOPE CEMETERY INTERMENT ORDER

AT NEED

City of San Diago

Dess_11/19/03

na "ODERLOT	(B) Funeral, date, time FRI DAY NOU 21 1'00
Trunch Chansi, Graveside	RACEDALE MOTURY
I FLYDD CHARE	ore 5:30 p.m. of regular work day or an extra charge of \$
All be applied and billed to und	
a 163 Grave (a	Row Section   OM/ston/Steek !/
Grave apace & Care Fund	E-16623O-
Opening/Closing & Setup	· 413.00
Buriel Container	E-16523
Handling Fuee	
Flower vecue - Marker setting !	<b>60</b>
Recording and filing tee	<u>-50.0</u> 0
**	Total Due 463.00
NET. TO TAY	Peld receipt number
ORT.	Balanco dua
hamby cardle t am the	of the above named decedent
ment their let come as either the com-	ics disposition of remains as above indicated. I certify and represent a suthorization and i agree to hold Mr. Hope Comptery harmless from authorization and interment.
that I have the right to make this	a dhadaalaa aad lalamaad
these I have the right to make this only lightlifty on account of said a	LOLD A
that I have the right to make this only Equility on ecocumt of mad i I haraby muthorize the intermen	* In low & WE Burt
that I have the right to make this only ligibility on account of maid i I haraby muthorise the intermen	0 , 1/6 But
that I have the right to make this only ligibility on ecocumt of maid i I haraby muthorise the intermen	* In low & WE Burt
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that I have the right to make this only lightiffly on account of said in I haraby muthorize the interment total under dood.	108 E. Carter Ed Hoerig, arrows 8
that I have the right to make this only ligibility on ecocumt of maid i I haraby muthorise the intermen	WE But 108 E. Carter Rd Hoerig, arrigne 8

^		Mar	547		
()	availe out	MT	HOPE	CEMETE	R
XM	111140				

### GRAVE BLIND CHECK FORM

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

	FARIP	rl)		
-	1, , , ,	х	cochran	(E)0
LOV	1/	-	100	(E)3

Interment space for:	VAN PELT	BURT	W
Inter: nent Date: 11-	21-03 T	me: <b>\</b> :ω	CHURE
Div. 11 Sect. 1	Blk/Row:	Lot:163	Gr 6

Blind Check Initiated By: Poulette C. Date: 1/19

Grave Laid out by:

Agrees with Legal Card: 

✓ Yes O No

Agrees with Map: Yes

Blind Check & Verified By:

### **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**

35

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

A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
Van Pelt		•	Burt		MONTH DAY YEAR MONT	12/2003 M
Bawthori			5B. COUNTY OF DEATH ENTER STATE	rada V	NAME, RELATIONSHIP, FULL MAILING OF INFORMANT Filliam E. Burt, Ner	DI DELCENCO
	DORESS OF CALIFORNI Ragedale Ho O, CA 92102	A-FUNERAL DIRECTOR OF PERSON FEMALEY, 5050 Fede		PLICABLE	08 E. Carter Road hoenix,,AZ 85042	
ACKNOWLEDGEMENT OF		owledge as applicant that the proposed disposition s and Salety Code, and was authorized pursuant to Se			I lan language	11/18/200
.c.comit	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	I ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS SPECIFIED IN THIS PERMIT, RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	13.00	98 DATE PERMIT ISS 11/18/200 B. Campbel	Security Section 2 and a section of the second section of the section o	FRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	Vital Reco	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA rds, P.O. Box 852 , CA 92186-5222	#F DIS		DISTRICT OF DISPOSITION — ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ABLE ITEMS			FOR CORONOR	YS USE ONLY
B. CREMATION  C. DISPOSITION OF THAN IN A CEME  D. SCIENTIFIC USE	CREMATED REMAINS C	DRESS OF CALIFORNIA CEMETER			(Name and Address)  11C. SIGNATURE OF PERSON IN 1	
BURIAL		Cemetery, 3751 Mgo, CA 92102	arket Street	11-21-03	· Kura F.	lenne
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMATE	D 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMA
SCIENTIFIC	13A. NAME AND AD	ODRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148, DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAL EA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITION	15B, DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	1SD LICENSE NUMBER OF CHEMATED 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

At-need

Date_	11	1211	23	
		200		

1	APPROXIMATION OF THE PROPERTY OF THE PARTY O	cted, subject to your rules a H MAE HURTU	A CONTRACTOR OF THE PARTY OF TH	5 11 3
na Li	ner	Funeral, date, time	BA 25 K/L 7 T F	
Church Chapel	of Burial Container Graveeide		2 memor	7
	8	30 p.m. of regular work day	or an extra charge	of \$
	nd billed to undersig			*
		ow Section_c	A TABLE TO A STATE OF THE STATE	100k/8
Grave space &	Care Fund			7850
Additional space	es and care fund			
Opening/Closing	a Setup			413.
Burial Container	·	DAII	<b>)</b>	209.
fandling Fees .			<b></b>	160
ower vases —	Marker setting fee	NOV 2 5 20	<b>63</b>	<u> </u>
lecording and f	lling fee	1407 2 3 23		50.00
Sales tayes		MOUNT HOPE C	EMETERY	16.29
0 6	, TO		tal Due	1833
OTUAK	K	Paid receipt number R	-56937	1833
ETUARY H9 CHIC			Balance due	0
heraby certify I	am the X		of the above r	amed decedent
hat I have the ri	ght to make this auth	position of remains as above prization and I agree to hold Ization and interment.	ve indicated. I certif Mt. Hope Cemeter	y and represent y harmless from
	1	-21-n3xAn9:39	OUT See (	1 Huda
hereby authoric	TO THE ILITER WEST IN TO	Signature	•	or worker
		Address	010	f = -2.
Signature of recorded h	older of deed	Caly	27/35/2	Zip Code
		Telephone		
Poule	the	2012		
Marin	= 18142	invoice #		
Mark Contract	- 10142	Acct. #		

MT. HOPE CEMETERY

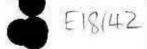
### INTERMENT ORDER

City of San Diego

At-need

Dets 11/21/03

AND STATE AND ADDRESS OF THE PROPERTY OF STATE OF THE PROPERTY	instructed, subject to your rules and regulations, to inter the remains.
#F [OR	IDA- MAE HURTON
ina Line	Funeral, date, time FORES, NOV. CS 11 02
Church Chanel Bravesias	:36 memorialismum
All Funeral para must arrive before	one 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to und	entigned.
Los 11 6 Grava 11	_ Row Section 2 _ Division/Sleet / 8
Greve space & Care Fund	98509
Additional spaces and care fund	d,
Opening/Dipeling & Setup	413. 13
Burial Container	DAID 209. 02
Hendling Fees	160
Flower vesse - Marker setting f	NOV 2 5 2083
Recording and filing tee	50.2
Sales taxes	MOUNT HOPE CEMETERY 16. 4
11/10	Total Dise. 1833
OTURK LL	Paid receipt number R-56937 1833-
ORTURRY TO	Balance due
101 D	our of attorney of the above named decedem
and this is your authority to mai	tic disposition of remains as above indicated. I certify and represent a suthorization and I agree to hold Mr. Hope Cometery harmison from
any flability on socount of said s	luthorization and interment.)
	11-21-03 (09:39 00)
I hereby authorize the interment hold under deed.	17036 La Sona aut.
	San Duez (0.9014
Bignisture of reagripsed holder of dead	2617.527-2844
50 <b>1</b> 0 20	1
Rulette	Personal Property and Property
Work Order # E 181	4.2 Invoice #
Work Cittler # No.	Acc. (



### 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.

		m	- <del></del>	_	
	- Thank	Ø,	Herria	5	
	WISE	x	MATKI	72	
	Evans		20/10	90	
nterment Date	itiated By: <u>Jul</u> ce for: <u> </u>	3	Time:/	1.00	Chapel
	ect: <u>2</u> Blk t by: <u>N</u> Fe <i>rc</i>			116	Gr: <u>//</u>
grees with Le	egal Card: ☐ Y	es i	J No	27	Marie
	ap: 🗆 Yes	<b>a</b> .	V	100	Mas

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO FRASURES, WHITFOUTS OR OTHER ALTERATIONS FND 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 4. SEX 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 16/2003 FLORIDA MAE HORTON 5A, CITY OF DEATH 5B. COUNTY OF DEATH — OUTSIDE CAUF. 16. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE PASTOR SAMUEL D. HILL-P.O.A. ENTER STATE NATIONAL CITY SAN DIEGO RNIA . FUNERAL DIRECTOR OR PERSON ACTING AS SUCH; 78. CALIF. LICENSE NUMBER 7036 Lasena Ave. - IF APPLICABLE SAN DIEGO. CA 92114 DIEGO, CA 9210 FD-1575 BA. SIGNATURE OF APPLICANT - Person taking commit 88. DATE SIGNED Thereby admostedge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1830555 ACKNOWLEDGEMENT OF APPLICANT of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Selety Code 9A. AMOUNT OF FEE PAID 11/26/2003 C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. \$13.00 J. LEMON JR. AUTHORIZATION OF 2319435 HOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -MY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT 1. DISPOSITION PENDING -- REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE. D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALFORNIA CEMETERY

11A NAME AND ADDRESS O 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT CREMATION 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE. REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B, DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF **SCATTERING/BURIAL** SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION CREMATED REMAINS DIS-AT SEA OR POSER - IF APPLICABLE IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

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



DISPOSITION OTHER THAN IN A CEMETERY

## Property

REA-104 (7-95)

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 11/21/03

1086	Salas mis	
Type of Burisi 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	4	**************************************
56 _ Grave 9910 Row	Section 1 Div	Ision/Block 12
Grave space & Care Fund		1970-
Additional spaces and care fund	AIU	
	All	
Surial Container	EC 5 3 5002	wanter -
landling Fees	LU ZEMETEH!	
eet griffes - Marker setting fee	-40P6 II	
Flower vases - Warker setting fee	THOP PUT - WIS	
Power vases — Marker setting fee	od in Pull oools	
Power vases — Marker setting fee		1970-
Flower vases — Marker setting fee	Total Due	1970
Flower vesses — Marker setting fee	Total Due Paid receipt numberVS-o	1970 - 1973 - 100 due 1977 -
Dud mile	Paid receipt number VSo	1970 - 1970 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 19
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hereby certify I am the and this is your authority to make disponent I have the right to make this authorizating liability on account of said authorizating	Paid receipt number VSo  Balau of the userition of Termains as above indicated. zation and a square to hold Mt. Hope C	1970 - 1970 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 19
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hereby certify I am the hereby authorize the interment in lot I	Paid receipt number  Balar  of the resistion of Termains as above indicated attended agree to hold Mt. Hope Cation and Interment.	1970 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 100 1973 10
hereby certify I am the make diepo het I have the right to make this authority	Paid receipt number  Balar  of the resistion of Termains as above indicated attended agree to hold Mt. Hope Cation and Interment.	above named decedent I certify and represent emetery harmless from

© Printed on recycled paper

This information is available in alternative formats upon request.

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFOR	NIA 59199
	MOUNT HOPE CEMETI (619) 527-3400  Date:	ERY Sept. 19 .2005
ninety-three in ourt payment of	S Address: On record	Dollars (\$ 93 - )
Div 12 Se	. Blk/ //	0/40 Grave 3,9,10
Invoice No. = -18144 Acct. No. = -18144 W.O. = -18144	SEP 1 9 2005	REDIT 67007 0% Sales Care 77184 0% Sales 100 (Lots 77184 opening 100 Soleing 77181 Surfal 100

Pre-Need Lot At Need On Acct

BALANCE DUE

Pre-need Trust Cash Check V

AU-212 (Rev. 4-04)
This information is available in alternative format. Agon request.

MOUNT HOPE CEMETERY Fee Recording & Misc. Fees ISSUED BY aulette

Pre-Need Trust Sales Tax

Containers

TOTAL PAID

60101 78390

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

CITY OF SAN DIEGO, CALIFORNIA

59107

Tools	lac	Am was	Date:	8	24	, 20	05
From: Jose R. Sa Amely-Three or	0/00	d locations	_		Dollars (\$ _	93.00	)
in <u>Yart</u> Paymer Div 12	Sec 1	Blk/ Row	Lot _	56	Grave _	9 810	
Invoice No. <u>E-18143</u> / E-Acct. No		FOR PURPOSES STATED PAID IN THIS SPACE.  PAID	Distriction Bris	CREDIT 20% Sales Care 80% Sales of Lots Opening/	57007 77184 —— 100 77184 —— 100 77181		
BALANCE DUE		AUG 2 4 2005	5	Closing Burial Containers Handling Fee Recording &	100 77182 —— 100 77185 ——		
Pre-Need Lot ✓ At Need □ O	n Acct   MO	OUNT HOPE CEN	METERY	Misc. Fees Pre-Need Trust	77183 — 63033 77186 —		
Pre-need Trust Cash ( )  AC-212 (Rev. 4-04)  This information is qualitable in atternation formats	Check ISSUED BY	paulette	C.	Sales Tax TOTAL PAID	60101 78390 ——	93.	00

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

nevery Three	Address: On Accord	Dollars (\$	93.—
n	Pu-red Oto. S Blk/ RowLot_	56 + 60 Grave	9,10 : 3
nvoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID  JUN 2 0 2005	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — Burlal 100 Containers 77182 —	48 = 6. =
Pre-Need Lot X At Need   On Acct   Pre-need Trust   Cash   Check X	MOUNT HOPE CEMETERY	Handling Fee 77185 — Recording & 100 Missc. Fees 77183 — Pre-Need 63033 Trust 77186 — Sales Tax 60101 78390 —	
2-212 (Rev. 4-04) Is information is evaluable in alternative formats upon request.	ISSUED BY PCILLET FOR A	TOTAL PAID \$	93 -

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

#### CITY OF SAN DIEGO, CALIFORNIA

58871

From: Jose Salas	Date	:5/24	, 20 <i>O</i> 5
Minery-Three	Address:	Dollars (\$_	93.00
in Plut Payment of H	he-need lotse I Bliki Row Lo	t 56/10 Grave	3.9.10
Invoice No. 18143 - 18144  Acct. No W.O BALANCE DUE \$ 423/\$212	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID  MAY 2 4 2005	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182 Handling Fee 77185	93
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 4-04)	MOUNT HOPE CEMETERY	Hecording & 100	93

1.25

- Jose Salas	(Da	Date:	9-23	,20 <u>0 3</u>
from: _ freed to to	Address: _ M	Three -	Dollars (\$ 9	3
in part Payment of	1 fu-reeds	luta	900 life	3 0 15
Div Se Invoice No E-18143/E-1814	Row_	SOUTH THE PARTY OF	956 Grave	3, 7, 10
Acct. No.	NOT VALID FOR PURPOSES STA	CREDIT 20% Sale 60% Sale	s 100	93-
W.O	APR 2 5 200	of Lots Opening/ Closing Burial Container	77184 ————————————————————————————————————	
Pre-Need Lot X At Need   On Ad	MOUNT HOPE CE	Pre-Need	18 100 s 77183	
	ISSUED BY PLANT	nd Trush Sales Tax	77186 ————————————————————————————————————	0.2
AC-212 (Rev. 4-04) IOU This letternative formats upon		TOTAL PA	D 5	70 -

WHITE TO CUSTOMER CANARY CEMETERY

		Date:	3 23 20 05
From Jose R. Sal	110010001	record	
Vinety-Three	and w-		Dollars (\$ 93)
in paul Payment of		lot aect	2 /
Div 12 5e	s13 Blk/	Lot 50 + LOO	Grave 3, 9410
Invoice No. E - 18143	NOT VALID FOR PURPOSES STATED L STAMPED "PAID" IN THIS SPACE.	UNLESS	87007 W
Acct. No. E - 18144	-	20% Sales Car 80% Sales of Lots	
W.O	PAID	Opening/ Closing	77181
BALANCE DUE # 274	_ ו אוט	Burial Containers	77182
- V	MAR 2 3 2005	Handling Fee Recording & Misc. Fees	77185 100 77183
Pre-Need Lot At Need   On Ac		Pre-Need	63033
AND THE PROPERTY OF THE PROPER	MOUNT HOPE CEME	TERY Sales Tax	78390
AC-212 (Rev 4-04)	37	TOTAL PAID	

#### CITY OF SAN DIEGO, CALIFORNIA

58555

			Date:	07	, 20	DE
From: Jall Sales	Add	ress: gn u	cond			
Muety Three	andobdo			Dollars (\$_	93.00	)_)
in Dart () Paymen	nor Prene	eds lot	2)			
Div	Sec/	Blk/ Row	Lot 56 + 6	Grave	3,9,	10
Invoice No. 5-181-43		FOR PURPOSES STATED U	INLESS	67007	, ,	H.
Acct. No. E 18144		in the second second	20% Sales C 80% Sales	ara 77184 — 100	9.3	_
W.O		PAID	of Lots Opening/ Closing	77184 100 77181	- , 0	
BALANCE DUE \$ 609 -		FEB 2 4 2005	Burial	77182		
8305-		Wathward Come (1981)	Recording &	77185 —— 100		-
Pre-Need Low At Need I On	Acct	OUNT HOPE CEL	METERY Misc. Fees	77183 —— 63033 77186 ——		
Pre-need Trust □ Cash □ C	Check   WIN	Doubtle	Sales Tax	60101 78390 —	x Zenz	
AC-212 (Rev. 4-04)	36 SSUED BY	france	TOTAL PAID		93.	00
This information is available in alternative formats a	upon request.	y-1	. IOINLI HIO		1,4800,14104	***************************************

### OFFICIAL RECEIPT

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

#### CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

58424

883258	(0.5) 32. 0.00				
From: Jose Dalas	Address: 4179 Cha	moune o	9,20 We.	05	
	pre-need lot	0 Dollars (\$		)	
Div	NOT VALID FOR PURPOSES STATED UNLESS	ot 5 6 8 60 Grave	5, -1	110	
Acct. No	STAMPED "PAID" IN THIS SPACE.  PAID	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 —	93		
W.O		Opening/ 100 Closing 77181 — Burial 100		- 36	
DALANCE DOCESTO / ST.	JAN 1 9 2005	Containers 77182 — 100 Handling Fee 77185 — Recording & 100			
Pre-Need Lot X At Need  On Acct	MOUNT HOPE CEMETERY	Misc. Fees 77183 — Pre-Need 63033 Trust 77186 —			
Pre-need Trust   Cash   Check VI   AC-212 (Rev. 4-04)   LO 2 %	ISSUED BY M. Villegas	Sales Tax 60101 78390 —	93		
This information is available in alternative formats upon request.	U	TOTAL PAID S	10	-	

OFFICIAL RECEIPT		CITY OF SAN DIEGO,	CALIFORNIA			
	TO CUSTOMER CEMETERY				582	56
From: Jase R. Sa	las Address	CONTROL CONTROL SERVICES	Date: NOV	100	xx	04
in part Paymer	ent of PAL - N	reld lot	S . Lot 56 \$ 60	Oollars (\$	3,9 8	) 4 /C
Invoice No. <u>E-18143</u> /E- Acct. No W.O.	18144 NOT VALID FOR STAMPED "PAID"	PURPOSES STATED UNLES	CREDIT 20% Sales Care 80% Sales of Lots Opening	67007 77184	93	-
BALANCE DUE 733		OV 2 3 2004	Closing Burial Containers Handling Fee Recording &	77181 ——————————————————————————————————		_
1995 ON WEST 2005 750	MOUNT	HODE CEMETER	OV Misc. Fees	77183		

MOUNT HOPE CEMETERY

Pre-Need

Sales Tax

TOTAL PAID

Trust

1017 AC-212 (Rev. 4-04) This information is available in alternative formats upon request.

Cash

On Acct

Check X

Pre-Need Lot At Need

Pre-need Trust

CITY OF SAN DIEGO, CALIFORNIA

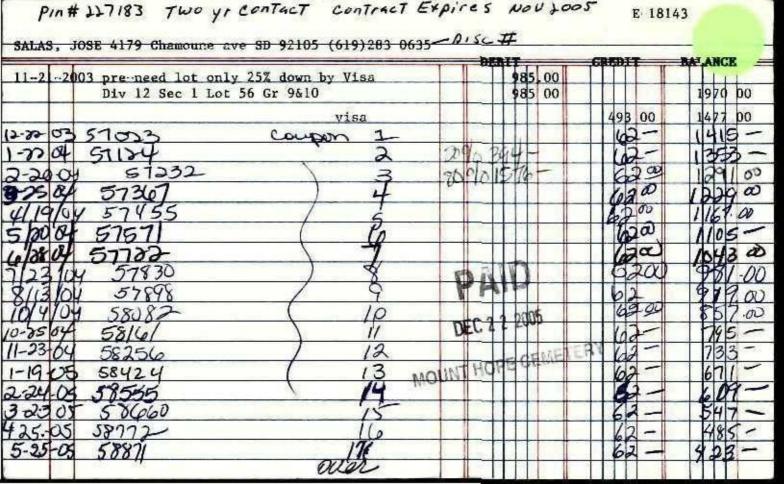
45 000 700 700	Date	i: 7/20 ,20 05
From: 1050 Salas	Address: On Ye	ecord '
hinety -three o	and ov	Dollars (\$ 93.00
in part 1 Payment of 3-Pr	reneed lots. U	
Div 12 Sec_		56 € 60 Grave 9,10,83
Invoice No. E - 18143 \$ 299.00 Acct. No. E - 18144 \$ 150.00	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 93 00 20% Sales Care 77184 80% Sales 100 of Lots 77184
W.OBALANCE DUE∯	PAID	Opening 100 Closing 77181 Burlal 100 Containers 77182
Pre-Need Loux At Need □ On Acct □	JUL 2 0 2005	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033 Inst 77186
Pre-need Trust □ Cash □ Check ★	SSUED BY MOUNT MORE CEME	TERM Tax 60101 78390 92 00
AC-212 (Rev. 4-04) 10.62	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOTAL PAID \$ 93. 00

10100

#### CITY OF SAN DIEGO, CALIFORNIA



From: JOSESCULIS	Address:	e: 10/25 , 2005
Dinery three	De Silver	Dollars (\$ 93. —
Div Sec_	Blk/ Row L	ot 56960 Grave 9+10 +3
Invoice No. E-18143 Acct. No E-18144	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 93 — 20% Sales Care 77184 — 93 —
W.O	PAID	of Lots 77184 Opening/ 100 Closing 77181 Burial 100
<u>¶ 57. –</u>	OCT 2 1 2005	Containers 77182
Pre-Need Lot X At Need □ On Acct   Pre-need Trust □ Cash □ Check	MOUNT HORE CEMETERY	Pre-Need 63033 Trust 77198 Sales Tax 60101 78390
AC-212 (Rev. 4-04)	ISSUED BY POLONIA	TOTAL PAID \$ _ 93 -



E18143 Balance Forwarded

# OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

#### CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

58082

Sty I'm and	Address: On rec	ord	Dollars (\$	4,20 62,00	
in Upar Payment of Pay	1 Blk/I	Lot 56	Grave	9+10	
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Can 80% Sales	100	62	-60
W.O	PAID	of Lots Opening/ Glosing Burial Containers	77184 — 100 77181 — 100 77182 —		120
Pre-Need Lot X At Need  On Acct	OCT 0 4 2004	Handling Fee Recording & Misc. Fees Pre-Need	77185 — 100 77183 — 63033		) 2
Pre-need Trust Cash CheckX	MOUNT HOPE CEMETERY	Trust Sales Tex TOTAL PAID	77186 — 60101 78390 —	62	60

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

ED K/11

of	J086	d, subject to your rules and regulations, to inter the remains
ina	of Sharial Container	Funeral, date, time
Church, Chapel, (		, Monuery.
All Funeral cars n	nust arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied an	d billed to undersigned	
-		Section Division/Block
Grave space & C	are Fund	985
Additional spaces	and care fund	
Opening/Closing	& Setup	
Burial Container.	P	
Handling Fees		
Flower vases - M	larker setting tenEC	2 2 2005
Recording and fill	ing fee	TERY 15
Sales taxes	HIMITAL	PRECEMETERY DISTRICT 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 15 1000 1
	MOOU	785 Total Dye
9	jud moile	Total Due
that I have the rig	uthority to make dispos	of the above named decedent litton of femiline as above indicated. I certify and represent ration and Lagree to hold Mt. Hope Cemetery harmless from tion and interment.
i hereby authoriza hold under deed.	e the interment in lot I	X479 chamouse aux
Hambur of recorded hos	ter of deed	- Oika Ca, 9210 City 2830636  Thisphone
Work Order # E	18144	Acct. #
REA-104 (7-96)	This in	formation is available in alternative formats upon request.

C Printed on respoled paper

#### OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA WHITE ...... TO CUSTOMER 58083 CANARY ..... CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Datoles 4 Date: Address: Dollars (\$ 31.00 Payment of Blk/ Row 60 Grave Div Sec Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. Acct. No. W.O. BALANCE DUE

Pre-Need Loty At Need ☐ On Acct ☐

Pre-need Trust Cash Check

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

OCT 0 4 2004

## MOUNT HOPE CEMETERY

ISSUED BY PCHAW JOS

			8
CREDIT	67007		
20% Sales Care	77184		1001101
80% Sales	100	2)	100
of Lots	77184		100
Opening/	100	1,000	Ш
Closing	77181		
Burial	100		
Containers	77182		
S.C. Hall (C.)	100		1
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		1
Trust	77186		
Sales Tax	60101		
oarra rax	78390		
	10090	71	The same
		51.	(0)
TOTAL PAID	\$		00

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA	57023
WHITE TO CUSTOM CANARY CEMETE PINK AUDITO	MOUNT HOPE CEMETERY	37023
From: Opel Dalas	Address: 4179 Cham Tunodut	541 30 d 7113
in Payment of Payment of Grave 9 N	ou mud	Division 10
Invoice No. FIGURE NOT VA	LID FOR PURPOSES STATED UNLESS ED "PAID" IN THIS SPAN 20% Sales Care 77 80% Sales	184 G3 —
W.O	DEC 2 2 2003 Opening/ Closing 77 Burial Containers 77	100 181 100 182 100 188
Pre-Need Lot / At Need On Acct   Pre-need Trust   Cash   Check /	HOUNT HOPE CEMETE! Recording 8 Misc. Fees 77 Pre-Need 63 Trust 77 Sales Tax 60	100 183 033 186 101 390

TOTAL PAID

AC-212 (Rev. 10-02)

This information is available in alternative formals upon request.

OF	FICIAL RECEIP	1

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

57124

From: Jole Salas	Address: 4	179 Cha	moune	sane"	T 2000
in Payment o	ave Q+10 3	need	Section	ollars (\$	93. )
Invoice No. E 18143  Acct. No. E 18144  W.O.	NOT VALID FOR PURPO STAMPED "PAID" IN TH	IS SPACE.	20% Sales Care 7 80% Sales of Lots Opening/ Closing	77007 77184 ————————————————————————————————————	93 —
BALANCE DUE [390] [1]	JAN 2 2 2	004	Handling Fee Recording & Misc. Fees	100 77182	
Pre-Need Loty At Need On Ad Pre-need Trust Cash Che	County of the second control of the second c	EMETERY	Trust Sales Tax	33033 77186 ———— 30101 78390 ———	m -
AC-212 (Rev. 10-02)	(I		TOTAL PAID	S	93 -

WHITE	TO CUSTOMER
CANARY	CEMETERY
PINK	AUDITOF

From: JOSE R Sala	Date  Address: 4179 Cham	· Tepria	1 SACA92
ninety Three	and oo	Dollars	(\$ 93.00
ot 56 +60 Graduation	20.0	Section/	Division /2
nvoice No. (£ 18143   £ 1) Acct. No. (£ 18143   £ 1)	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100	8300
v.o	FEB 2 0 2004	of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182	
Pre-Need Lot X At Need On Acc		Handling Fee 77185 Recording & 100 Misc. Fees 77183 Pre-Need 63033	
Pre-need Trust   Cash   Chec		Sales Tax 60101 78390	9300
G-212 (Rev. 10-02) This information is available in alternative formate upon	request	TOTAL PAID \$	7.200

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CAL	JFORNIA	57367
WHITE CANARY PINK	CEMETERY MOUNT HOPE CEM (619) 527-3400	F1117674	0504
From: gost Sulas		Dolla	07 (1)
in	9110/3 ROW_	Section/	Division 12
Invoice No. <u>E 18143</u> Acct. No. <u>E -18144</u> W.O.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID	CREDIT 6700' 20% Sales Care 7718 80% Sales 10 of Lots 7718 Opening/ 10 Closing 7718	93 —
Pre-Need Lot / At Need On Acct	MAR 2 5 2004  MOUNT HOPE CEMETERY	Burial 10 Containers 7718: 10 Handling Fee 7718: Recording & 10 Misc. Fees 7718: Pre-Need 5303:	0 2 0 5 0 3
Pre-need Trust Cash Check  AC-212 (Rev. 10-02)  This information is available in alternative formats upon requ	ISSUED BY CAN HORE	Trust 7718 Sales Tax 6010 78394 TOTAL PAID	6

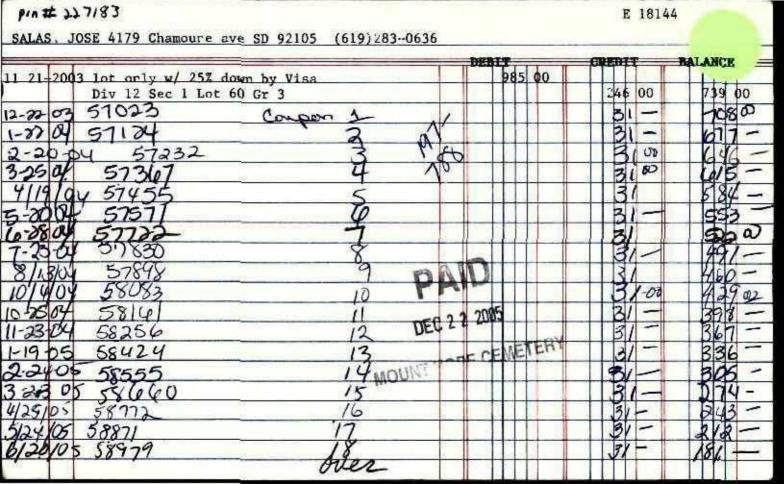
OFFICIAL RECEIPT		CITY OF SAN	N DIEGO, CALIFORNIA	7 97	T A
	WHITE TO CUST CANARY CEME PINK AU	ETERY MOUNT H	OPE CEMETERY 9) 527-3400		5757
Error DOAL ON	Mass	Address: 4/79	Chamour	19 20	3091
in our	Payment of	DIO:	nud	Dollars (\$ 9	300,
Div /2	Sec	Blk/ Row_	Lot 56 1	6 Carave 9, 10	0 /3
Acct. No		VALID FOR PURPOSES STAY MPED "PAID" IN THIS SPACE. PAID		67007 77184 100 77184 100	3 00
BALANCE DUE HO	5, 553,	MAY 2 0 2004	Ciceing Burial Containers Handling Fee Recording &	77181	
Pre-Need Lot / At Ne	ed On Acct	OUNT HOPE GEM		77183 ————————————————————————————————————	
AC-212 (Rev. 4-04) This information is available in altern	1141	UED BY JOHN PY	TOTAL PAID	78390	13 00

57830

11-2

9 1 0	024	Date:	1/20 ,20 04
From: Jose Salas Ninety Thee ay	Address: On recor		oollars (\$ 93.00
in Payment of Payment of Sec.	Pre-need Cots.	_ Lot _ 56 + 6	0 Grave (9 +10) J
Invoice No. E-18143 - 62.0 Acct. No. E-18144- 491.	NOT VALID FOR PURPOSES STATED UNI	CREDIT 20% Sales Care 80% Sales	67007 77184 100 93 00
W.O	PAID	of Lots Opening/ Closing Burial Containers	77184
Pre-Need Lot   At Need   On Acct	JUL 2 3 2004	Handling Fee Recording & Misc. Fees Pre-Need	100 77185 100 77183 63033
Pre-need Trust □ Cash □ Check	MOUNT HOPE CEMETER	Y Trust Sales Tax	77186 60101 78390 93 00
AC-212 (Rev. 4-04)  This information is available in affernative formats upon re-	buest.	TOTAL PAID	\$

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA	E 181
WHITE T		5816
	Date: Oct 2	5 .20 0
From: goth Salas	Address: 41/4 Chamburl au Dolla	rs (\$ 93.00)
in part Payment of	py-nud,	1
Div / Sec   Sec   Invoice No. # 18143   18144	NOT VALID FOR PURPOSES STATED UNLESS	$\frac{9+0}{3}$
Acct. No.	PAID 20% Sales Care 7718 80% Sales Care 7718 01 Lots 7718	93 -
W.O	OCT 2 5 2004 Opening/ 10 Closing 77:8 Burial 10 Containers 77:18	0 0
Pre-Need Lot At Need On Acct	MOUNT HOPE CEMETERY  Handling Fee 7718 Recording 8 10 Misc. Fees 7718 Pre-Need 6303	5
Pre-Need Lot At Need On Acct of Pre-need Trust Cash Check	ISSUED BY Tau Sales Tax 6010 7839	6
AC-212 (Rev. 4-04)  This information is available in alternative formats upon reque	TOTAL PAID	, 43



E-18144 Debut Credit Balance torwarded Coupon & 22 Perania

### OFFICIAL RECEIPT



#### WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

From: Jose Salas		Date: 11/22	2 .20 05
Monety Shree	re-need loto.	Dollars	(\$_93)
Lot 56 2 60 Grave		Section1	Division 12
Invoice No. E 18143 [ Acct. No. E 18144 [	NOT VALID FOR PURPOSES STATED UNLE: STAMPED "PAID IN THIS SEACE.	SS CREDIT 67007 20% Sales Care 77184 80% Sales 100	- 1
w.o	NOV 2 2 2005	of Lots 77184 Opening/ 100 Closing 77181 Burial 100	
A 26.00	MOUNT HOPE GENETERY	Containers 77182 100 Handling Fee 77185 Recording & 100	
Pre-Need Loty Al Need I On Accti I		Pre-Need 63033 Trust 77186 Sales Tax 60101	93
AC-212 (Rev. 10-02) This information is available in afternative formats upon request	ISSUED BY Paulettec.	TOTAL PAID \$	93. —

# X Fen

REA-104 (7-98)

## MT. HOF CEMETERY

## INTERMENT ORDER

City of San Diego

100		Da	9 11 1	100
You are hereby authorized and instruc	47	wur niles sod re	8P G CCG	he remains
of Rest. Ci.	220	1.0.11	ams 2	/of
ina ELDER	Funeral.	date, time	Sernice	
Type of Burlel Container Church, Chapel, Graveside				_ Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regula	ar work day or en	extra charge of \$	- 10
will be applied and billed to undersigne	sd			
Lot 300 Grave 1 Ro	·	Section	Division/Block	10
Grave space & Care Fund				
Additional spaces and care fund		fer y	um_	50-
Opening/Closing & Setup	Pain	~Scho	_ بحورد	
Burial Container	CIAC	yo L	باالا	
Handling Fees	MID	⊃€	hultz_	
Plower vases - Marker setting fe NO	2 1 2003			-
Recording and filing fee				
Sales taxesMOUNT: H	OPE CEM	ETERY		
		Total Du	• <u> </u>	=
	Paid receipt n	umber K SCO	<u> 86P</u>	50 -
			Balance due	<u>-</u>
I hereby certify I am the X SELI			of the above name	d decedent
and this is your authority to make disp that I have the right to make this author	rization and I a	gree to hold Mt. F	icated. I certify an lope Cemetery ha	d represent
any liability on account of said authoriz	ation and inter	ment.	0.101	
I hereby authorize the interment in lot	ا ع	Leu	Willen	w SE
hold under deed.	2	\$ 4725	LAUREL .	57.
Springer by recorded holder of deed	چ –	SAN D	FOO CA	92105
Son	Ž	619-2	62-7989	Zip Coze
900	10	Prone		
E 10115	lo	rvoice #		
Work Order # <u><b>E</b> 18145</u>	_ ^	cct. #		

This information is available in alternative formats upon request.



#### CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

7202

751510547E316447E7E7E - 1110411F1 - 1	INTERMENT PRIVILEGES	
TO Daisy R. Scharer	for the sum of \$ 165.00	(DOLLARS)
LEGAL DESCRIPTION Lot 300 Division		4
AS DESCRIBED ON PURCHASE ORDER NUMBER	D-4018	80

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 embellish ment of the Cemetery. The following type of memorial will be permitted:

12" x 24" Flush Marker Only Allowed

Cemetery Manager

February 19, 2003

To Whom It May Concern:

Please accept this letter as my permission to sell my mother's cemetery plot located at Mt. Hope Cemetery. The lot is in the name of Daisy R. Scharer and is described as:

Lot 300 Division 10, purchase order D-4018

1 Schult

Sincerely,

State of California County of San Diego

On this 22 day of FEB , 2003, before me, the undersigned a Notary Public in and for said State, personally appeared Lillie M. Schultz, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name subscribed to the within instrument and acknowledged to me that he executed it.

WITNESS my hand and official seal.

Notary Public of the State of California

GINGER R. SPANN
COMM. 91347835 M
Notarry Public-Culifornia GO
SAN DIEGO COUNTY
My Coquin, Exp. March 22, 2006

CERTIFICATE OF DEATH STATE OF CALIFORNIA STATE FILE NUMBER USE BLACK INK ONLY IA. NAME OF DECEDENT-FIRST 1B. MISSOLE IC. LAST (FAMEY) November 25,1989 Scharer Daisy Rebecca Fem & DATE OF BIRTH-MC. DAY, YE 4. RACE S. SPANSOV HISPANC -- SPECIFY 7. AGE IN IF UNDER 1 TEAM IF UNDER 24 HOURS YEARS Caucasian No February 5, 1895 96 & STATE OF & CITIEN OF WHAT TOAL FULL NAME OF FATHER TOBL STATE OF THE FULL MAIDEN NAME OF MOTHER 115. STATE OF COUNTRY PA U.S.A. Robert Verner (Unk) (Unk) (Unk) 12. MILITARY SERVICET 13. SOCIAL SECURITY NO. 14. MARITAL STATUS S. NAME OF SURVIVING SPOUSE OF WIFE ENTER MADEN NAME 187-24-8003 Divorced 18 ___ TO 19_ IGB. USUAL KIND OF BUSINESS ISC. USUAL EMPLOYER SA. USUAL OCCUPATION I GD. YEARS IN 17. EDUCATION-YEARS COMPLETED OR INDUSTRY OCCUPATION Homemaker Homemaking Self-Employed 80 SA. RESIDENCE-STREET AND NUMBER OR LOCATION 166 CITY 18C. ZIP COOK 505 East Memory Lane Santa Ana 92706 20. NAME, RELATIONSHIP, MAKING ADDRESS AND ZIP CODE OF INFORMANT BD. COUNTY 18E NUMBER OF YEARS 18F. STATE OR FOREIGN COUNTRY THE COUNTY Orange California Lillie Schultz-Daughter ISA. PLACE OF DEATH 3520 33rd Street ISB. IF HOSPITAL SPECIFY ONE IP. EN/OF, DOA Orange Town & Country Manor San Diego, CA 92104 IBO. STREET ADDRESS-STREET AND MARKER OR LOCATION 22. WAS DEATH ASPORTED TO CORONER THE INTERVAL METWEEN OHNE MEATH 555 East Memory Lane Santa Ana X 789-06187MAX 21. DEATH WAS CAUSED BY: JENTER ONLY ONE CAUSE PER LINE FOR A. B. AND G. 22 WAS BIOPSY PERFORMED? HRS WEARDIO PULMONARY 34A. WAS AUTOPSY PERFORMED? YRS DUE TO GENERALIZED ARTERIOSCLEROS CONSTRUCTOR CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 MULTIPLE CARCINOMATA NONE FREE OR TITLE OF PHYSICIAN \$27C, PHYSICIAN'S LICENSE NUMBER 27E TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS MONTH DAY, YEAR MONTH DAY, YEAR 10-87 10-25-89 North Euclid, Anaheim, CA 92801 I CERTIFY THAT IN MY OPINION DEATH OCCUMED AT BRAD GATES THE HOUR, DATE AND PLACE STATED PROM THE CAUSES MERIEF-CORONER 30A PLACE OF INJUST 29. MANAGER OF DEATH—specify state determi, account, specify, beautify, produce procedures of Could and by deferming SOB. NUMBY AT WORK ! SOC. DATE OF HUMY | 31, HOU NATURAL 23. DESCRIBE HOW MARKY OCCURRED DEVENTS WHICH MERILTED IN INJURY. SAA DISPOSITION(S) . SAB PLACE OF PHAL DISPOSITION-NAME AND ADDRESS 358. UCENSE 34C. DATE 35A. SIGNATURE OF EMBALMEN At sea/Point Loma San Diego County, CA MO, DAY, YEAR NUMBER CR/Sea Nov 29,1989 Not Embalmed 36A HAME OF PUNERAL DIRECTOR FOR PERSON ACTIVE AS BUCH! SEE LICENSE NO. ñv 2 9 1989 1346 Telophase Society CENSUS TRACT

MAKE NO ERASURES WHITEOUTS, OR OTH

CH18-13

## POWER OF ATTORNEY

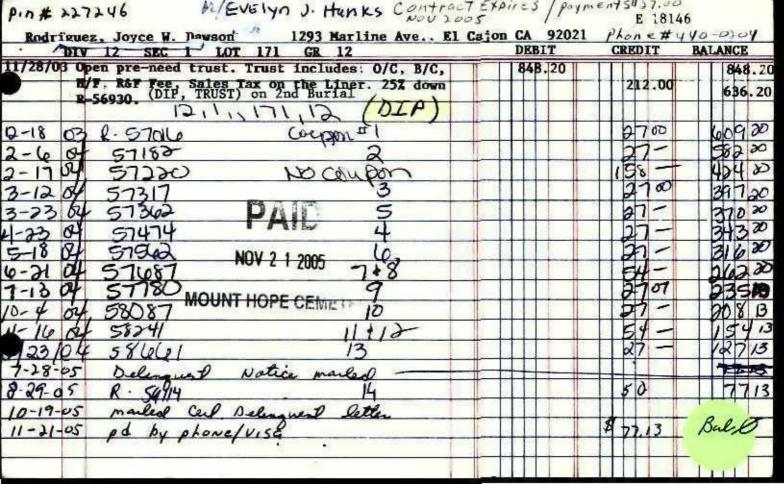
KNOW ALL MEN BY THESE			
Liccie	SCHULT 2		
The undersigned (jointly and several FREDRIC E. ZARSE, a licensed attorney for him and his name, place natters pertaining to the sale, disposed parcel of cemetery property described and the sale of the sale.	and bonded cemetery broker and stead and for his use and sal, use, or to give burial righ	in the State of California I benefit to perform and is to any other party or p	a, his true and lawful sign in his place in all
Division	10 LOT 300		
GIVING AND GRANTING unt	V		
nd thing whatsoever requisite, nece nd purposes as he might or could do to or cause to be done by virtue of the Wherever the context so requires, the noludes the plural.	essary, or appropriate to be do o if personally present, hereby hese presents.	one in and about the prer ratifying all that his sai	nises as fully to all intent d attorney shall lawfully
•		2	Tan 1 1 1
		Delle !	W Schull
Signature		Sign	ature
ALL PUR	POSE ACKNOWLE	OGEMENT	
tate of CACIPIRA	County of Sand De	<u> </u>	
on Fosseumer 27 , A	before me, the under	signed, a Notary Public	in and for said State
ersonally appeared, Cilic	M. SCHOLTE		
ersonally known to me (or proved to ame(s) is/are subscribed to the with a his/her/their authorized capacity(intity upon behalf of which the personal transfer of the perso	in instrument and acknowledges), and that by his/her/their son(s) acted, executed the instr	ged to me that he/she/the ignature(s) on the instru	y executed the same ment the person(s), or the
Ly: Post	Just Constant	ra	RANDALL D. SMITH
Notary Public Signature	(01,12)	ISA	COMM. # 137/1131  MUTARY PUBLIC - CALIFORNIA  San Diagn County  My Comm. Expirer Sopt. 6, 2006
OPTI	ONAL INFORMATION	ON	
(c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		9	- S S

TITLE OR TYPE OF DOCUMENT ____Power Of Attorney___
DATE OF DOCUMENT _____NUMBER OF PAGES____
SIGNER(S) OTHER THAN NAMED ABOVE _____

200	INTERMENT ORD
ale-relation	City of San Diego

ple ples	City of San Diego	
D.I.P.	Cate	1

all	City of San Diego
P D.I.P.	Date_11/90/03_
327346	
100 mas 1	d, subject to your rules and regulations, to inter the remains
of The Augustin	+. Rudriguezy 227246
in a Type of Burial Container	Funeral, date, time
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
,Lot 171 Grave 12 Row	Section Division/Block 12
Grave space & Care Fund	E: 9208
Additional spaces and care fund	PAIU —
Opening/Closing & Setup	413.00
Burial Container	NOV 2 1 2005 2 09 00
[ MIP	160 08
Handling Fees	ONT HOPE CELEBRATE TELEBRATE
Flower vases - Marke Market	
Recording and filing fee	
Sales taxes MOUNT HOPE CE	METER! 16.20
MOG	Jotal Due
P	aid receipt number \$56930 212.00
N.	Balance due 3 6, 20
The section and the section	Bul peby May Uise
I hereby certify I am the and this is your authority to make disposi	tion of remains as above indicated. I certify and represent
that I have the right to make this authorizati any liability on account of said authorizati	ation and I agree to hold Mt. Hope Cemetery harmless from ion and interment.
	, , , , , , , , , , , , , , , , , , ,
I hereby authorize the interment in lot I hold under deed.	Sidnature
x	Address
Bigrature of recorded traight of doed	· <u> </u>
	City Zip Code
	Tolephone
200200	Invoice #
Work Order # E 18146	Acct. #
REA-104 (7-96) Th	8 and 18 46 formats upon request.
	Limed To the



OFFICIAL RECEIPT		CITY OF	SAN DIEGO, CALIF	FORNIA	5	9114	/
	WHITE TO CI	USTOMER EMETERY MOUNT	T HOPE CEMÉ (619) 527-3400 Date:	1	uares t	29,20	05
Figure Dest	rusor (	Address:	Date.		Dollars (\$	1/23/5	
Div 12	Payment of	Blk/ Rov		171	Grave _	12	
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	77./3	1.5	9 2005	Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	100 77182 100 77185 100 77183 63033		=
The state of the s	ash Check X	MOUNT HOP	PE CEMETER	Y Trust Y Sales Tax TOTAL PAID	77186 ————————————————————————————————————	50 50	-

OFFICIAL RECEIPT	
	WHITE TO CUSTOMER CANARY CEMETERY

#### MOUNT HOPE CEMETERY (619) 527-3400

58241

S. S	(013) 321-3400				
	Date	nov	-16	,20	04
From: Joyce Rodrigue	Address: 1293 Mail	ine au	e EC	9200	4'
21.1	0,		Dollars (\$ _	540	20
in Payment of	ple- mul	171	820000	13	-
Invoice No. E 18146		t_///_	Grave_	1-	
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BALANCE DUE 154.13	NOV 1 6 2004	Closing Burial Containers	77181 —— 100 77182 ——		
	MOUNT HORE GENERAL	Handling Fee Recording &	100 77185 ——		
Pre-Need Lot At Need On Acc	MOUNT HOPE CEMETERY	Misc. Fees Pre-Need Trust	77183 —— 63033 77186 ——	54	Œ
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AC-212 (Rev. 4-04)  This information is available in alternative formets upon	0	TOTAL PAID	s	54	W

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in Put Payment of	rre-nee	Blk/ Row	Lot_	171	_ Grave _	12	-6
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OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFO	RNIA		
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From Joyce Daws	m Address: 1293 Marli		27.0	160
	of <u>Ple Mull</u> Sec Bik/ Row Lot_	171 Grave	e_/ <del>}</del> _	
Invoice No. E 18146  Acct. No.	TAID	CREDIT 67007 20% Sales Care 77184 — 90% Sales 100 of Lots 77184 —		
W.O	OCT 0.4 2004	Opening/ 100 Closing 77181 — Burial 100 Containers 77182 —		
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	issued by Can Hetze	Trust 77186 — Sales Tax 60101 78390 —	27	80
AC-212 (Rev. 4-04)  This information is available in alternative formats up		TOTAL PAID S _	0.1	

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

	(019) 527-341 D	0.0	c 13	20 04
From Dyce Rodri guy Address	1293 Mar	line as	2.EC 9	1606
in pat Payment of pu-wed	of Jun las	x for Eur	lars (\$ 10,	uks)
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AC-212 (Rav. 4-04) This information is evallable in alternative formets upon request.		TOTAL PAID	s	1 10

#### MOUNT HOPE CEMETERY (619) 527-3400

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	(619) 527-3400	gune	21 8/
From Joyse Rodrigue	Address: 1293 Mail	ink au	15 (\$ 54.00)
inPayment of Div Sec	pu - nud Blk/ Row Lot	171	Grave _/Q_
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# OFFICIAL RECEIPT

WHITE ...... TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HODE CEMETERY

57562

	AUDITOR (619) 527-3	GE 70-0	
From: Joya Rodu	iquezaddress: 1293 Ma	Date: May 1	C 93021
in Payment of	, T Blk/	2	27.00
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Pre-need Trust / Cash   Che  AC-212 (Rev. 4-04)  This information is available in alternative formats upon	MOUNT HOUSE CHARLES	Sales Tax 60101 78390 — TOTAL PAID \$ —	210

From: Dyee Rodrig	guezaddress: 1293 ym	Date: apri	D 23 our E	0 9	200
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SAN DIEGO, CALIFORNIA	57362
And an experience of the control of	

OFFICIAL RECEIPT		
	WHITE CANARY PINK	TO CUSTOMER CEMETERY AUDITOR

MOUNT HOPE	CEMETERY
(619) 527	-3400

From Joyce Redrigue in	Address: /a	293 Ma	Date: Mer Wine a	ue Dollars	23 2096 \$ 27.	000
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OFFICIAL RECEIPT
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CANARY

#### TO CUSTOMER CEMETERY AUDITOR

#### CITY OF SAN DIEGO, CALIFORNIA

57317

From Joyce Podriguer	Address: 1213 M	Date: March whene aug &	12 ,20 04 C 92021 (\$ 27.00
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Pre-need Trust / Cash Check/ AC-212 (Rev. 10-02) This information is available in alternative formats upon fequest	ISSUED BY am Hotze	Sales Tax 60101 78390 TOTAL PAID S	27 00

OFFICIAL RECEIPT		CITY OF SAN DIE	GO, CALIFORNIA		57182
CANARY	TO CUSTOMER CEMETERY AUDITOR	MOUNT HOPE (619) 52		6	20 OF
From G. Rodlige	Address	ess: 1293 T	Marlin, a	ک کس اک کا ک	9202
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Pre-need Trust / Cash   C	heck ISSUED BY	Pantless	Trust Sales Tax	77186 ———— 60101 78390 ————	210
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•	OFFICIAL RECEIPT				
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WHITE	. TO CUSTOMER
CANARY	CEMETERY
PINK	AUDITOR

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AC-212 (Rev. 10-02)		110,1000	TOTAL PAID	\$	$\overline{x}$	100

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA	57220
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From: G. Rodriguez	Address: 1293 Merline a	17 20 04 10. EC 9363/ Dollars (\$ 158.00)
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	VALID FOR PURPOSES STATED UNLESS IPED "PAID" IN THIS SPACE.  CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 100 77184
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Pre-need Trust Cash Check ISSU  AC-212 (Rev. 10-02)  This information is svallable in alternative formats upon request.		s 158

OFFICIAL RECEIPT
100

WHITE	TO CUSTOMER
PINK	AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

57017 E 18146

From Dago Rodriguer	Address: 093 Malin	Dec 18	9202	
From Digital Notice of Call		Dollars (	1701	100
in Payment of Crave	Marker Det fee	Section [	Division 1	enks E
Invoice No. E 1898  Acct. No  W.O  BALANCE DUE	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID  DEC 1 8 2003	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100 Closing 77181 — Burtal 100 Containers 77182 — 100		
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AC-212 (Rev. 10-02)	ISSUED BY FAMC HE VE	78390 — TOTAL PAID \$	138	OD

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## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11/24/03

	nes	Sur	m, 23	1250
1 Si	Fune	aral, date, time		
hurch, Chapel, Graveside				Mortuar
I Funeral cars must arrive befo	ne 3:30 p.m. of re	egular work day or	pri extra charge	of \$
ill be applied and billed to unde	rsigned	/		
	A CONTRACTOR OF THE PARTY OF TH			MACH:
218 Grave 9	Row	Section 6	Division/E	El more
	N /		Dividion	age.
rave space & Care Fund	<del></del>		4	10-
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#### THE CITY OF SAN DIEGO

July 28, 2005

James Smith 3891 Gamma St. San Diego, Ca. 92113

Reference: Customer Contract

Dear Mr. Smith,

Subject: Pre-Need Cemetery Account

The current status of your Pre-Need payment account has not been received. Our records indicate your last payment was made on August 05, 2004.

Therefore leaving a balance of \$638.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue, with monthly payments of \$31.00.

Your original receipt contains the following contract information: Contract number E-18147, date issued November 24, 2003, cemetery location Division 12, Section 2, Block/Row , Lot 218, Grave 9.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400. This will be your last notification. If payments are not kept up on a monthly basis your account will be referred to collections.

Sincerel

Dayld Lugo

Cemetery Manager





#### THE CITY OF SAN DIEGO

July 28, 2005

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David Lugo

Cemetery Manager

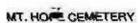


€ Disconnect For James Pin# 227250 (619) 286-2182
Pin# 227249

SMITH, Pamela 3891 Gammas St SD 92113 (619)297-0473 E-18147 BALANCE 11-24-2003 Pre-need lot w/ 25% down Div 12 Sec 2 Lot 218 Gr 9 985.00 R-56936 247.00 738.00 5-12 04 Hailed delinquent notice NAME READ INCUMENTLY MAIL RETURNED 7804 collections 8-50 57870 po coupon Delinguent Tions

Sent 2-16-05 282 4 433 436

ACCHIVOICE HUSS



## INTERMENT ORDER

AT Need City o	Date 11/25/03
You are hereby authorized and instructed, subject of	iject to your rules and regulations, to inter the remains  MES Norwood 227256  uneral, date, time MON. <b>New</b> . I 1'.00  Ragsdale Mortuary.
All Funeral cars must arrive perfore 3:30 p.m. o will be applied and billed to undersigned.	ri regular work day or an extra charge of \$
Lot 86_ Grave /_ Row	Section 2 Division/Bleek _//
Additional spaces and care fund  Opening/Closing & Setup	PAID & STATE
	NOV 2.5 2003 418 00
Flower vases - Marker setting feeMOU	NT HOPE CEMETERY
Sales taxes	7- 111
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	\$157 BROOKHAUEN CI
Signability of recognited holder of deed	FAN DIEGO CA 92114-7402 Clar 19 479 6336
Work Order # E 18148	Acct. #

REA-104 (7-96) This in

This information is available in alternative formats upon request.

	V. The state of th	EAPON WE SHE
<b>GRAVE BLI</b>	ND CHECK FO	ORM

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

	Wallace		
-	Ma	~P\$	24.0
	x	Cooper	W.

			<u> </u>
Blind Check Initiated By	r: <u>Paule</u>	HeC	Date: 11 26
Interment space for:	William	James	s Norwood
Interment Date: 12/1	103	Time:	00 Church
Div: Sect: 2	Blk/Row:_	Lot:	86 Gr. 1
Grave Laid out by: ME	NADAVE		~
Agrees with Legal Card	i: 🛘 Yes	O No No	×2,02
Agrees with Map:	es D	No )	John
Dind Charle & Verified	Down House		Date

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

54 E 18148

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

Attendant on L	MARCH CONTRACTOR OF THE PARTY AND	BART BART BART BART BART BART BART BART		The second second second second	And the second	The state of the s	Contract of the Contract of th		A. Lan. Cold Sept 15	NOT THE PARTY OF T	ALL CONTRACTORS
1A. N	AME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C.	LAST (FA	MLY		2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH	4. SEX
W	illiam		James	1	Norwood			12/14/1948 11/24/2003 M			M
SA. CI	TY OF DEATH		A SHELFORN		COUNTY C	F DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MA	ILING ADD	RESS AND Z	P CODE
	National	City			S	an Diego,		ormant rd B. Norwoo	d. Br	other	
A	nderson-i	kagsdale Mo	ortuary, 5050	Federal	Blvd;	The state of the s	8157	Brookhaven Diego, CA 92	Court		
S	an Diego,	CA 92102			- 1	FD-1329		ATURE OF APPLICANT—PE		mit 88. DAT	E SIGNED
М	XNOWLEDGMENT OF AP	PLICANT Section 10	1376 of the Health and Salety Code.	and was authorized pursus	ant to Section	one of the dispositions authorized by 7100 of the Health and Selety Code.	M 10	THE RESERVE OF THE PERSON NAMED IN	_	WHITE SHAPE OF THE PERSON NAMED IN	8/2003
AUTH	PERMIT ORIZATION OF N. REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	MED IN ACCORDANCE WIT- FORMA HEALTH AND SAF- TY FOR THE DISPOSITION ID BEST OF BESTERAL OUTSIDE OF	SPECIFIED	.00	12/01/200 B. Campb	03	9C. SIGNATURE OF LOC 2319469 >	AL REGIS	TRAR ISSUIN	IG PERMIT
ANY CH TION I	_	Vital Reco	ords, P.O. Bo	× 85222		9E. ADDRESS OF REGISTRAP IF DISPOSITION IS TO OCC			NIA		1 520
	SPECIAL COLUMN		CA 92186-52	22	i						
IQ. AL	TOHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE TEMS	32-23				FOR CORC	MER'S	USE ONL	
	B. CREMATION		IAINS OTHER	F. D	ISINTERM HIP IN TO	ry envaultment ent I California O Outside of California		L DISPOSITION F		HEMAINS LI	OCATED A
	BURIAL	Mt. Hope	DORESS OF CALIFORNIA Cemetery, 37 D, CA 92102		Stre	118. DATE BURNE	D 110	SIGNATURE OF PERS	ON IN CH	ARGE OF B	URIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA	A CREMATORY	toek 74 and	128. DATE CREMA	TED 1 12C	. SIGNATURE OF PERS	ON IN CH	ARGE OF CR	EMATION
ALL APPLIC	SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORNIA	A FACILITY RECEI	VING REM	IAINS 13B DATE RECE	IVED 13C	. SKINATURE OF PERS	ON IN CH	NARGE OF F	ACILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS A			E 148. DATE SHIPF	ED 140	. Address and Signa of Placing with th			CHARGE
SC	ATTERING AT SEA OR SPOSITION OTHER UN IN A CEMETERY		UREST POINT ON SHOREL ENTIFY FINAL PLACE AND					. SIGNATURE OF PERS CHARGE OF DISPOSI			NATED NE-

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

# MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

AŁ	Need
11-	

Date 11-25-03

AT POTENTIAL THE COMPANY TO	berald				
na D. D.	CRUP+ (A	1000000			
Church, Chapel,	e of Bustel Clastainer		Rags	/ /	Mortuery.
	must arrive before 3:	80 p.m. of requ	lar work day or a	- AVENUATEDAY	A CONTRACTOR OF THE CONTRACTOR
	nd billed to undersign				
		A. 10 (1)			
a 5064	Grave R	ow		-35V	- Company was
Grave space & C	are Fund				1205.0
Additional space	s and care fund	SATU	IRDAY		660.00
Opening/Closing	a Setup(2)	D/C			826.00
Burial Container				10	418.00
Handling Fees				<u>IU</u>	352.0
Flower yases – I	Marker setting fee		KNAKS		
	Marker setting fee	P/F Fe	e MUV 2	3 2003	3240
Sales taxes	A	MO	UNT HOPE	CEMET	RY 593.4
m wat	1,1		number RS		
Notivar	om	Pald receipt	number K	Balance du	_
hereby certify I		. 1.		CONTRACTOR OF THE PARTY OF THE	named decedent
Le 17 Cu o hereby authoris hold under deed	te the interment in lo		Street VIII	Lasa Hasa	disa disa
Post	etti	- 1	SPIN 19 Sta	Valle 7.1581	y THAT
Work Order #		9	Invoice #	- 1/-	T 10/1/0
	07675	control of			E 18149
REA-104 (7-95)	This	info	moth	iers 7	Aame:
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		4	turns		

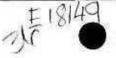


#### GRAVE BLIND CHECK FORM

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

	Després		Gonza		
(p4	CASTED	692 Kission	x	DAR BACK	ya suda

Blind Check Initiated By: Paulette C Date: 11/26
Interment space for: Berald E. Brown
Interment Date: 11/29 SAT, Time: 11:00
Div:_10_ Sect: Blk/Row: Lot:5064 Gr:_/
Grave Laid out by: Norman Ferguen
Agrees with Legal Card: Yes D No
Agrees with Map: Yes No
Blind Check & Verified By: Navid Mariga Date: 11-26-0



#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE		1C. LAST (FAMILY)	121 100	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR
2	Gerald	Edward	DLOWII	I granden a	07/10/1967	11/23/2003   M
220		Diego		Diego L	OF INFORMANT	ANLING ADDRESS AND 2P CODE -Brown, Domestic
7.4	Anderson-	oress of califorma funeral director on Pers Ragedale Mortuary, 5050 Feb., CA 92102	deral Blvd →	F. LICENSE NUMBER P	artner; 8515 Pa 202: Spring Val	radise Valley Rd.
	ACKNOWLEDGMENT OF M	PLEAST   I hereby acknowledge as applicant that the proposed   Section 10376 of the Health and Safety Code, and was 8	disposition stated herein is one of the elborated pursuant to Section 7100 of the	dispositions authorized by		11/26/2003
		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO' SIONS OF THE CALIFORNIA HEALTH AND SAFETY COL AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THES PERMIT. NOTE: THIS PERMIT GIVES NO ISSUE OF DISPOSAL OUTSING OF CALIFO	13.00	11/26/200 B. Campbe	2319446	CAL REGISTRAR ISSUING PERMIT
AN	ON REQUIRES A NEW RMIT TO SHOW FINAL	NO. ADDRESS OF REGISTRAR OF DISTRICT OF DE IF DEATH OCCURRED IN CAUFORNIA Vital Records, P.O. Box 85 San Diego, CA 92186-5222	IF D	PRESS OF REGISTRAR OF DECLAR	F DISTRICT OF DISPOSITION— BI ANOTHER DISTRICT IN CAUSO	MNIA
10		DSITION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONLY
1	B. CREMATION		E. TEMPORARY ENVA	RNIA IDE OF CALIFORNIA	(Name and A	
	BURIAL	Mt. Hope Cemetery, 3751 M San Diego, CA 92102		118 DATE BURNED	Stay &	SON IN CHARGE OF BURIAL
ABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM	IATORY	128. DATE CREMATES	12C. SIGNATURE OFFER	SON IN CHARGE OF CREMATION
ALL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	JTY RECEIVING REMAINS	138. DATE RECEIVE	DI 13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
COMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE ( REMAINS OR CREMATED REMAINS ARE TO	DR COUNTRY WHERE BE SHIPPED	14B, DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR PICKENT TO IDENTIFY FINAL PLACE AND CA DIS	OTHER DESCRIPTION SUF- STRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C, SIGNATURE OF PER CHARGE OF DISPOS	

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



## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT Need

Date 11/25/03

	Instructed, subject to your rules and regulations, to Inter the remains along the Ram (re 2 22724)
in a Lines	Funeral, date, time PH . No U28 9:0
Church Chapel, Graveside _	Suada apartaonuary.
All Funeral cars must arrive be	fore 3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to un	dersigned.
	Row Section Z Division/Block /2 9.85.00
	4/3.00
Opening/Closing & Setup	
Burial Container	PAID 209.00
Handling Fees	
Flower vases - Marker setting Recording and filing fee	fee
Recording and filing fee	MUV 2 5 2003 500,00
Sales taxes	16.20
N	OUNT HOPE CEMETERY. (8333)
	Paid receipt number /2-56947 /8330
	-25-03P04:06 RCVU
I hereby certify I am the	of the above named decedent
and this is your authority to my	ake disposition of remains as above indicated. I certify and represent is authorization and hagree to hold Mr. Hope Cemetery harmless from authorization and interment.
I hereby authorize the intermethold under deed.	Address Page Code
	Address V
Signature of recorded holder of dead	City 2ap Cooke
aulotto_	Telephone
Work Order # E 18	150_ Accl. #
REA-104 (7-95)	This information is available in alternative formats upon request.

B Printed on recycled paper

#### GRAVE BLIND CHECK FORM

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

			-		4
	Huts	Resna	Sully		
Xylex	Williams	x		young	Hart
	ľ				

77-	Millia	^		10	110
			-		
Blind Check In	itiated By: Par	delle		Date: 1	1/26
Interment spac	e for: Magd	alena	Pap	wer	-
	:11/28			-	day
	ect: 2 Blk/			// Gr	:_3
Grave Laid out	by: Norma	nterg	wern		
Agrees with Le	gal Card: Æ Y	es 🛚	NOT (0	den	gve
Agrees with Ma	ap: X Yes	☐ No		J 8	, ,
Blind Check &	Verified By:	Rena	timas	Date:4	1/24/03

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

e4 18/5

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

	NT-FIRST (GIVEN)	1B. MIDOLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MAGDALENA		-	RAMIREZ-A	AGUIRRE	08/29/1939		F
A. GITY OF DEATH			5B. COUNTY OF DEAT	H-OUTSIDE CALIF., 8.	NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND Z	P CODE
N DIEGO			SAN DIEGO	)	ROBERTO RAMIRE	Z-SON	
		A FUNERAL DIRECTOR OF PE 2,2601 IMPERIAL	MAE.	IF APPLICABLE	420 S 49TH ST. SAN DIEGO, CA. 9		
SAN DIEGO	CA.92102		ļ FI	D-1425	SIGNATURE OF APPLICANTA	The state of the s	E SIGNE
ACKNOWLEDGMENT OF A	PPLICANT I Thereby a Section 10	chrowledge as applicant that the propor 376 of the Health and Safety Code, and w	ged disposition stated herein is one of the	e dispositions authorized by he Health and Safety Code	John Ch	uces: 11/2	25/20
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORY IN THIS PERMIT.	JED IN ACCORDANCE WITH PA ORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC	OFFIED	SELENE CHA	SUED 9C SIGNATURE OF L	OCAL REGISTRAR ISSUIN	G PERMIT
OCAL REGISTRAR	With the same of t	O RIGHT OF DISPOSAL OUTSIDE OF CALE					-
NY CHANGEIN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW PINAL DISPOSITION.	IF DEATH OCCURRE VITAL REX	EGISTRAR OF DISTRICT OF DEN CALFORNIA CORDS P.O BOX S D. CA.92102	1 10		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUF		
. AUTHORIZED DISPO					FOR COL	RONER'S USE ONLY	ß
A. BURIAL (INCLU	JDES ENTOMBMENT)		F. DISINTERMENT	AULTMENT	I. DISPOSMOR (Name and	N PENDING—REMAINS L Address)	CATED A
C. DISPOSITION THAN IN A CE		AINS OTHER	G. SHIP IN TO CALIF	DOTAL TENENTH OF THE STATE OF THE			
THAN IN A CE	EMETERY SE  11A. NAME AND AI  MOUNT HO	DORESS OF CALIFORNIA CE PE CEMETERY, 375	H. TRANSIT TO OUT	DOTAL TENENTH OF THE STATE OF THE	11C. SIGNATURE OF PE	RSON IN CHARGE OF BI	RIAL
D SCIENTIFIC US	MOUNT HO	DORESS OF CALIFORNIA CE	H. TRANSIT TO OUTS METERY 51 MARKET ST.	TIB. DATE BURIED	Sug 1	Lanun	<i>j</i>
BURIAL	MOUNT HO SAN DIEG	DDRESS OF CALIFORNIA CE PE CEMETERY, 375 O, CA. 92102 DDRESS OF CALIFORNIA CR	H. TRANSIT TO OUTS METERY 51 MARKET ST.	TIB. DATE BURIED  11-28-03  128. DATE CREMATES	Sug 1	BROW IN CHANGE OF CR	EMATION
BURIAL  CREMATION  SCIENTIFIC	ITA. NAME AND ALL MOUNT! HO SAN DIEG	DDRESS OF CALIFORNIA CE PE CEMETERY, 375 O, CA. 92102 DDRESS OF CALIFORNIA CR	H. TRANSIT TO OUTS  METERY  51 MARKET ST.  TEMATORY  CILITY RECEIVING REMAINS	TIB. DATE BURIED  11-28-03  128. DATE CREMATES	0 12C SIGNATURE OF PER	RSON IN CHARGE OF FA	EMATION

COPY 1

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

VS9 (REV. 8/91)

11/25/2003

16:08

SD MT. HOPE CEMENTERY + GUADALUPANA

NO.880

#### MT. HOPE CEMETERY INTERMENT ORDER

Date 11/25/03
bject to your rules and regulations, to litter the remai
- Ramirez
Funeral, desa, time FF1, NO U28 9
- Guadulafaram
of regular work day or an extra charge of \$
Beetlen 2 Devision/Broths /2
080
11/2
4/3.0
209.0
AID 1600
25 2003
23 2003
DPE CEMETERY. 1833
198 199
receipt number 12-53947 1835
Balance due
of the above named decede
of remains as above indicated. I certify and represe and I agree to hold Nr. Hope Cemetery hermicos fro and interment.
asei E. Raminey
Se manie
~ ~ ~ × × × ×
**************************************
Institute of

.....

REA-104 (7-00)

This information is available in alternative formets upon request.

22	N. 100.	MT, HOPE CEMETERY
SK	1 15	INTERMENT ORDER
7	Howken -	116HT City of San Diego

toward _ night City of San Diego	
ON THE RIGHT City of San Diego	Date_11-25-03
WIFE IS ON LEFT	25/14

P HOWATHE RIGHT City of S	Date_//-25-03
You are hereby authorized and instructed, subject of Howard Chus 7	t to your rules and regulations, to inter the remains
In a ASH VALLT Fund Type of Band Container Church, Chapel, Graveside The Container	NOUS THESE Mortuary
All Funeral cars must arrive before 3:30 p.m. of re	egelar work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 10 Grave 7 Row	Section 3 Division/Block 6
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	H. (ASH) (61.00
Handling Fees PAD	_66.00
Flower vases - Marker setting fee	50. ^{ca}
Sales taxes MOUNT HOPE CEMETERY Paid rece	Total Due 297. 23  Apt number R-576945 397. 2
11-25-03P04:05 RCV	Balance due
I hereby certify I am the Son and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and	of the above named decedent remains as above indicated. I certify and represent d I agree to hold Mt. Hope Cemetery harmless from interment.
I hereby authorize the interment in lot I hold under deed.	KEVIN CRIST 12540 MELROS PL.
Signature of recorded holder of dated	(49) 561-3325
Work Order # E 18151	Invoice #

REA-104 (7-96)

This information is available in alternative formats upon request.

#### GRAVE BLIND CHECK FORM

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

	X	Brother	mary Weeyar
EDMON	SD, MX LLIN		

Blind Check Initiated By: Moem	FERGUSON Da	te: <u>//-257-0</u> 3
Interment space for: Howard	crust	
Interment Date: FE 22-03	Time:_//:00	- Maria
Div: 6 Sect: 3 Blk/Ro	ow: Lot: _/0	Gr: <u>7</u>
Grave Laid out by:	my	-2
Agrees with Legal Card: ALYes	□ No	
Agrees with Map: A Yes	☐ No	155 av

Blind Check & Verified By: M. Sundand Date: 11

E 18151

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE  NOWARD STANLEY			1C. LAST (FAMILY)	- 1. La		E OF DEATH 4. SEX		
SAN DIE	Plancis		58. COUNTY OF DEATH	H-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING A	DDRESS AND ZIP CODE		
	CAJON BLVD.	, SAN DIEGO, CA		-1357	4473 BERTING ST. SAN DIEGO, CALIFORN SA SIGNATURE OF APPLICANT—PERSON DAMES	permit 88. DATE SIGNED		
ACKNOWLEDGMENT	OF APPLICANT Section 1	1376 of the Health and Safety Code, and wa	ed disposition stated herein is one of the is authorized pursuant to Section 7100 of th	e Health and Salety Code.	and design present the present	io(11/17/2003		
PERMIT  AUTHORIZATION O	SIONS OF THE CALE AND IS THE AUTHORI OF IN THIS PERMIT.	UED IN ACCORDANCE WITH PR FORNIA MEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI KO BEST OF DEPOSAL OUTSIDE OF CALFO	FIED	11/17/200 J. BENYA		BISTRAR ISSUING PERMIT		
ANY CHANGE IN DISPO TION REQUIRES A NET PERMIT TO SHOW FIN. DISPOSITION.	AT TAT BECO	EGISTRAR OF DISTRICT OF DE IN CAUPONIA BOX 85			OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA			
B. CREMATIO	ON OF CREMATED REM		E. TEMPORARY ENVA	RNIA	FOR CORONER'S  L DISPOSITION PENDING (Name and Address)	S USE ONLY 3- REMAINS LOCATED		
BURIAL	MT. ROPE	DORESS OF CALIFORNIA CER CEMETERY 3751 M. CALIFORNIA 92	ARKET ST.	118. DATE BURIE	1 / -	CHARGE OF BURIA		
CREMATION	SOUTHERN (	DDRESS OF CALIFORNIA CREAL CALIFORNIA CREAL LAKE ELSINORE	ATORY 601-D	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN C	CHARGE OF CREMATION		
SOMENTIFIC USE - 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY R			CILITY RECEIVING REMAINS	13B. DATE RECE				
				14B. DATE SHIPP				
SCATTERING AT S OR DISPOSITION OTH THAN IN A CEMET	FICIENT TO ID	AREST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA [			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.

# Atud

# MT. HÖPE CEMETERY INTERMENT ORDER

City of San Diego

Date_11/20/03

You are hereby authorized and Instru	cted, subject to your rules and regulations, to inter the remains
ina Ash vault	Funeral, date, time Fn 11/28 1:00
Church, Chapel Graveside	: Kukay Mitchelmornary.
	88 p.m. of regular work day or an extra charge of \$ 다스 led.
Lot 104 Grave 7 R	owSectionDivision/Block
Grave space & Care Fund	2113
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	AID <u>UI</u>
Hendling Fees	ا ماما
Flower vases - Marker setting NOV.	2 6 2003
Recording and filing fee	7
	PE CEMETERY 4.73
	Total Due
	Paid receipt number R -54947 297.13
8 =	Balance due
I hereby certify I am the	of the above named decedent position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from ization and interment.
Havy Evans— I hereby authorize the interment in lot hold under deed.	Mary M. Even
Signature of recorded holder of deed 11-26-03A09:	12 PAID COL 12/09 20 Code 12/0
1000	Invoice #
Work Order # E 18152	Acci. #
The second secon	



#### GRAVE BLIND CHECK FORM

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

F		_	
	Robillard		
Motthes	×		Johnson
	Spears	onailes	
Slind Check Initiated Enterment space for:		الكدر	Date: 11/20
	Elbicea 1	me:	iamo
nterment space for:	Celoleca \ . 11/28 Til . Blk/Row:	me:	lans 100

Agrees with Map: Agrees

☐ No

Blind Check & Verified By:

E 18152

#### **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE		1C. LAST (FAMILY)		2. DATE OF S	Comments Processors	E OF DEATH	4. SEX
REBECCA VERLATIE			WILLIAM	s	05/04/1	3/2003		
5A. CITY OF DEATH			58. COUNTY OF DEA	TH - OUTSIDE CALIF.	6. NAME, RELATIONS	HP, FULL MAILING	ADDRESS AND	
El Cent				perial	Duane L. Wi		Busband	
	DORESS OF CALIFORNIA FUNERAL DI LAPOL & MOTTURY . Boy 86 - Browley,			IF. LICENSE NUMBER APPLICABLE D 512	725 Prankli El Cajon, C BA SIGNATURE OF APP	A 92020	owne SB DATE	SIÉNÉD
ACKNOWLEDGEMENT OF	APPLICANT I hereby acknowledge as applicant of the Heelth and Sefety Code, and	that the proposed disposition star was authorized pursuant to Sect	ed Nevern is one of the dispositions on 7100 of the Health and Salety C	suthonized by Section 103065 ode.	May 11	1/1/1	11/16	111.1
	THIS PERMIT IS ISSUED IN ACCORDANCE W THE CALIFORNIA HEALTH AND SAFETY COD TY FOR THE DISPOSITION SPECIFIED IN TH NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSA	SE AND IS THE ALITHORI- IS PERMIT.	\$ 13.00	98. DATE PERMIT	73.	E OF LOCAL REGISTR	PARISSOING PE	PIMET O
ANY CHANGE IN DISPOSI- TION PEGLIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF IN CALIFORN	us.	IF D	O. Box 852	OF DISTRICT OF DISPOSIT I IN ANOTHER DISTRICT IN CA 22 3 92186-5222	ALIFORNIA		111
A. BURIAL (INCLUDI	F CREMATED REMAINS OTHER		E TEMPORARY ENVAUL F. DISINTERMENT G. SHIP IN TO CALIFORN D. TRANSIT TO OUTSIDE	IIA.		OSITION PENDING — e and Address)	REMAINS LOCA	TED A
BURIAL	11A NAME AND ADDRESS OF CA Hount Bope Came 3751 Herket St	tery		118 DATE BURIE	D 11C. SIGNATURE	OF PERSON IN C	HARGE OF BU	JRIAL
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY  Frye Chapel & Hortwary  799 So. Buy 86 - Brawley, CA 92227				ATED 12C. SIGNATURE	2, Fr	CHARGE OF CE	REMATION
SCIENTIFIC USE				138. DATE RECE	VED 13C, SIGNATURE	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT OS	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNT REMAINS OR CREMATED REMAINS ARE TO BE SHIPPE			14B. DATE SHIPP		AND SIGNATURE O G WITH THE CARR		CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	15A. ADDRESS, NEAREST POINT SUFFICIENT TO IDENTIFY FIN IF BURIAL AT SEA. <u>ONLY</u> ENT	STRICT OF DISPOSITIO	15B. DATE OF N. DISPOSITIO		E OF PERSON IN IF DISPOSITION	150: LICENSE CREMATED R POSER — IF A	EMAINS DIS-	

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.

(\ A-    ·	PE CEMETER	The same of the sa	
14,110	MENT OR		
CHY CHY	of San Diego	8. 11/2	03
Mary Duary.	rung	Date 11	(
You are hereby authorized and instructed, si	sbject to your rule	es and regulations, to	inter the remains
o_ Koberta	young	ર ં	
ina_ TS Vault	Funeral, date, tiri	=1 my Con	413:00
Type of Butte Container Church, Chapel, Grayeside,		your	Mortuary.
All Funeral cars must arrive before 3.50 p.m.	of regular work of	lay or an extra charg	e of \$
will be applied and billed to undersigned.			
_ 1		0	
Lot 2012 Grave Row_	Section	No Division/	Block Mas
Grave space & Care Fund	D 3	783	-0-
Additional spaces and care fund	עוו		
Opening/Closing & Setup			413-
Burial Container NOV 2	6 2003		275-
Handling Fees			204-
Flower vases - Market String les	E CEMETE	HY .	
Recording and filing fee			50=
Sales taxes			21.3
		Total Due	963.3
Paid	receipt number _	VIsa	963.31
	en portugi Marie de Santo de Vinado de	Balance di	no do
I hereby certify I am the		of the above	named decedent
and this is your authority to make disposition that I have the right to make this authorization	of remains as a n and I agree to h	bove indicated. I cert	tify and represent
any liability on account of said authorization	and interment.		
I hereby authorize the interment in lot i	Sidouture		
hold under deed.	X	Cha has	2
Signal and a special holder of deed	X 10	Had	
(2	X	a	Zip Code
4am	Telephone		
Work Corter E 18153	Invoice #_		
Work Order # E 10133	Acct. # _		
REA-104 (7-96) This inform	ation is available	in alternative forms	ats upon request.

© Printed on regular paper

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SID MT. HOPE CEMENTERY + 915015250020

CARUTH-HALE F.H. PAGE 01/01 ND. 886 Pe

#### MT. HOPE CRMETERY INTERMENT ORDER

City of Sen Diego

11/20/03

na 15 Vaccetta	Funday, date, the Han 13/1 2:00
THURSD, Chapel, Copper Control	Cupotess Morrowy.
All Funeral cars must arrive before 3.00 9:0 will be applied and billed to undersigned.	
02012 com 5 non	Section R Obselon/Black Mas
Grave space & Care Fund	AID 3783
Opening/Closing & Setup	43
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Flower vason - Marker MOLINT PK	PE CEMEINS
Recording and Ming fee	<u> </u>
	<b>(c.)</b>
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	relia receipt number 1/200 908.31
<b>5</b> 700	Balanca dua
I trensity contity i am the Callic and this is your surroutly to make dispositive i figure the right to make this euthorize any liability on account of said surrorizes.	of the shove named department of the shove named department of remains as above indicated. I certify and representation and I agree to hold file, Hope Clemetery harmises from the and interment.
I haveby authorize the Interment in tot I	1 354 Rice Fane
hold under deed.	

This interrugion is available in alternative formats upon request.

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intermen	it Date: _	Van 1	2/1	Time:	3,0	5
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	vith Legal		723	ONO Y	ay ma	معر
	with Map: neck & Ve		1/	No /	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) 18. MIDDLE			92	1C. LAST (FAMILY)			2 DATE OF BIRTH		OF DEATH	4. SEX			
-	ROBERTA CITY OF DEATH		GRACE		YOUNG			MONTH 13/ 1965 MONTH 25/ ZEOS P					
54	HOT SPR	INGS		ENTE				NN NELSON -			D ZIP CODE		
78	7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ECM-CYPTESS VIEW CHAPEL 3953 IMPERI SAN DIEGO, CA 92113				10								
_	ACKNOWLEDGEMENT OF	APPLICANT I hereby school of the Health	owledge as applicant that the proposed and Safety Code, and was authorized p.	disposition stated herein is one ursuant to Section 7100 of the I	of the dispositions aut leaft and Salety Code	horized by Section 103055	>80	Tua	0.000112524	12/0	1/2003		
0.000	ALTHOUGH OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	NACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE SPECIFIED IN THIS PERMIT. PRIGHT OF DISPOSAL OUTSIDE OF C	AUTHOR-	OO FEE PAID	12/01/20 J. FLORE	3	9C SIGNATURE OF LOCA	L REGISTE	aaa issuing Pe	ERMIT		
1		9D. ADDRESS OF RE IF DEATH OCCURR	GISTRAR OF DISTRICT OF ED IN CALIFORNIA	F DEATH —	IF DISI	POSITION IS TO OCCUP	E IN ANOTHE	T OF DISPOSITION — R DISTRICT IN CALIFORNIA P. O. BOX 8: 86-5222	5222				
	D. SCIENTIFIC USE	A: CREMATED REMAINS O TERY	OTHER OF CALIFORNIA C	F. DISINTE	TO CALIFORNIA T TO OUTSIDE O	ř.	7's	L DISPOSITION PER INTERPRETATION	1		********		
	BURIAL		, GA 92102		Ā.	17 1-0	3	Kent !	-	karu	2		
BLE MEMS	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION			CREMATORY		12B. DATE CREM	ATED 120	SIGNATURE OF PER	SONHOC	HARGE OF C	REMAT		
13A. NAME AND ADDRESS OF CALIFORNIA FACILITY F			ACILITY RECEIVING	REMAINS	13B. DATE RECEI	VED 130	C. SIGNATURE OF PER	SON IN C	HARGE OF FA	ACILITY			
COMPLETE /	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUN REMAINS OR CREMATED REMAINS ARE TO BE SHIPP				YHERE	14B. DATE SHIPP	ED 144	C, ADDRESS AND SIGN. OF PLACING WITH TI			CHARGE		
SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DIS IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LO				ND CA DISTRICT OF		158 DATE OF DISPOSITION		C. SIGNATURE OF PERI CHARGE OF DISPOS		15D LICENSE CREMATED R POSER — IF			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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 1080, 26,03

	ructed, subject to your rules and regulations, to inter the remains
ine DD Cruse	
Type of Burlet Contained Church, Chapel, Graveside	+ Luke CA Berrial Mortusty.
	\$550 p.m. of regular work day or an extra charge of \$
will be applied and billed to unders	3.00
Los 243 Grave 2	Raw Section 2 Division/Mass D
Grave space & Care Fund	985-
Additional spaces and care fund	
Onerling/Closing & Setup	43-
Buriel Container	PAID 418-
Handling Fees	3707
Flower vases - Marker setting (se	NOV 2 6 2003
Recording and filing fee	50-
Seles taxes MO	UNT HOPE CEMETERY 32.40
	Paid receipt number R 509 49 2250.40
	Balance due
I hereby certify I am the 519 and this is your authority to make that I have the right to make this as any liability on account of said authority.	of the above named decedent disposition of remains as above indicated. I certify and represent athorization and I agree to hold Mt. Hope Cemetery harmsess from norization and interment.
I hereby authorize the Interment in hold under dead.	2015 Lakeridge Cir #104
Bigmetar's of recorded holder of deed  Polymetar's of recorded holder of deed	7 619-216-9859 20 COM
Work Order # E 1815	4 Acct. #
REA-104 (7-96)	his information is available in alternative formats upon request.

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## GRAVE BLIND CHECK FORM

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

existing marker's in the burial space.	the appro	opriate s	pace(s) tha	t are adjao	cent to
	1 SA				
		ting	Frig		
	Lucero	X	The second	Andres	
	skil				
Blind Check Initiate nterment space for nterment Date: F	11 4 1/2	r8_	Time:	Date:	9
Div:\\ \rightarrow					
Agrees with Legal (			□ No	flagor Lagor Date://	` 0
Agrees with Map: (	J Yes	P	No Ac	L.	we
Blind Check & Ver	ified By:_	Jane	wy 7 min	<u> ∆</u> Date:/	-26-6

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2.	DATE OF BIRTH 3. DA	TE OF DEATH	4. SEX
	MATTIE KLIZABETE			HAMILTON	HARILTON			1 DAY, YEAR	
5/	MATTOMAL (	ELTY		58. COUNTY OF DEAT ENTER STATE	H-OUTSIDE CALIF.,	6, NAME, RE OF INFOR	LATIONSHIP, FULL MAILING	CALIFORNIA NUMBER	P CODE
7,8	CALIFORNIA	CREMATION	A—FUNERAL DIRECTOR OR PER & BURIAL CHAPE SAE DIEGO, CA 9	RSON ACTING AS SUCH 78. CA	LIF LICENSE NUMBER FAPPLICABLE 1357	700 E.	2200 ST. #140 AL CITT, CA 9) RE OF APPLICANT—Person takin	950	E SIGNED
	ACKNOWLEDGMENT OF A		ecknowledge as applicant that the propose 1376 of the Health and Safety Code, and was			> year	rette) Benyan	W 11/2	/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PR CORNA HEALTH AND SAFETY C I'Y FOR THE DISPOSITION SPECI IO NIGHT OF DISPOSAL DUTSIDE OF CALIFO	FIED \$13.00	11/26/20	03	SIGNATURE OF LOCAL RE	gistrar issuin	G PERMIT
1	OY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF D D IN CAUFORNIA EDS-P.O. BOX 85 CA 92186-5222		DRESS OF REGISTRAF DISPOSITION IS TO OCC		OF DISPOSITION— R DISTRICT IN CAUFORNIA		
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	Magain -	_		FOR CORONER	S USE ONLY	
The state of the s	B. CREMATION		AINS OTHER	E. TEMPORARY ENV.  F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	DRNIA		I. DISPOSITION PENDIN (Name and Address)	G REMAINS LO	OCATED A
	BURIAL	MT. BORE	CORESS OF CALIFORNIA CEN CEMETERY 3751 M O, CALIFORNIA 92	MEKET ST.	118. DATE BURBE		IGNATURE OF PERSON IN	CHARGE OF BI	JRIAL C
12A. NAME AND ADDRESS OF CALIFORNIA CREMATO			MATORY	128. DATE CREMA	TED 12C. S	GNATURE OF PERSON IN	CHARGE OF CR	EMATION	
LL APPLIC	SCIENTIFIC USE  13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RE  14A. NAME AND ADDRESS IN RECEIVING STATE OR COL REMAINS OR CREMATED REMAINS ARE TO BE SHE			CILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C. S	IGNATURE OF PERSON IN	CHARGE OF FA	ACILITY
OMPLETE A					148. DATE SHIPE		DDRESS AND SIGNATURE F PLACING WITH THE CAP		CHARGE
SCATTERING AT SEA  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF THAN IN A CEMETERY				158. DATE OF DISPOSITION		IGNATURE OF PERSON IN HARGE OF DISPOSITION	150. LICENSE OF CREM MAINS D —IF APP	LATED RE-	

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

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

the growth	Date 11/28/03
You are hereby authorized and instructed, at	ubject to your rules and regulations, to inter the remains
Shurch, Chapel, Graveskie Lines	Funeral, date, time 1990 August 1990
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 300 Greve How_	Section 1 Division/Block 12
Grave space & Care Fund	<u> 986 – </u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>43</u>
Burial Container	209- <del>0789</del> 4
Burial Container	2003 [60-204-94
Flower vaces - Marker setting too	
Recording and filing fee	CEMETERY
	16-20 21.3/0
Sales taxee	- 1833 DOCUS 31
domina 2 to	Total Dule 77970
2 Sand	receipt number N 9649 9 1833.00
V R Suc	9n Balance due
I hereby certify I am the ATT SUM and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization:	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemeter harmless from and interment.
Brisamor Ambroz	X/har
I hereby authorize the interment in lot I hold under deed.	2 50 Montevolet
Signature of recorded halder at deed	¿ UNIQ VOTO (#919
Jan	7019 933-2284
E 101EE	Invoice #
Work Order # E 18155	Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request. O Printed on respeled paper

#### GRAVE BLIND CHECK FORM

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

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	Braday		
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		The same			
-		х	Bridged		
	Chiman		S 400	_	
Blind Check In Interment space Interment Date Div: 2 S	ce for: May	vice )	ime: 9	<u>w</u>	<u>ک</u>
Grave Laid ou				lagir	1
Agrees with M Blind Check &	ap: XYes	75		GA !	1 Wel 12.1.03

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 18155

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAM	IILY)	2. DA	TE OF BIRTH	3. DATE	OF DEATH 4. SE
MARIA	_		VILLAGO	OMEZ	03/	07/1958	11/2	8/2003 F_
CITY OF DEATH		12/1	58. COUNTY OF ENTER STAT	DEATH-OUTSIDE CALIF.	8. NAME, RELAT		MAILING AD	ORESS AND ZIP C
SAN DIEGO			SAN DI	IEGO	DARIO F	VILLAGON	MEZ-H	USBAND
. TYPED NAME AND AL GUADALUPANA	MORTUARY	NA FUNERAL DIRECTOR OR PER , 2601 IMPERIAL	AVE.	8. CALIF. LICENSE NUMBER —IF APPLICABLE	625 MOSS			20,000,000,400,000
SAN DIEGO,	CA.92102			FD-1425		The second state of the second second second		wmt. 88. DATE SIGN
ACKNOWLEDGMENT OF A	PFLICANT   Therefore   Section	admonitoring as applicant that the propose 0376 of the Health and Salety Code, and was	ed disposition stated herein is or a sufficient pursuant to Section 7	ne of the dispositions authorized by 1100 of the Health and Salety Code	Nol1	uu ch	un	12/03/20
PERMIT	THIS PERMIT IS ISS	UED IN ACCORDANCE WITH PR	OVI- 9A. AMOUNT OF	FEE PAID 98 DATE PERM SELENE CH	TISSUED SC. SI	GNATURE OF LO	CAL REGI	STRAR ISSUING PERM
UTHORIZATION OF OCAL REGISTRAR	IN THIS PERMIT.	TY FOR THE DISPOSITION SPECIF TO BIGHT OF DISPOSAL OUTSES OF CALFO		12/03/20		19131		•
MANAGER CONTRACTOR DESCRIPTION OF THE	90, ADDRESS OF R	EGISTRAR OF DISTRICT OF D	Activities of the latest and the lat	E. ADDRESS OF REGISTRAL	A OF DISTRICT OF		Supplie	
ION REQUIRES A NEW FRAIT TO SMOW FINAL	VITAL RECY	ORDS P.O. BOX 85	222	IF DISPOSITION IS TO OCC	CUR IN ANOTHER D	ASTRICT IN CALIFO	MNIA	-
DISPOSITION.		CA.92186-5222				20 Table 20		W. C.
. AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY
X A. BURIAL (INCLU	DES ENTOMBMENT)			ENVAULTMENT		I. DISPOSITION (Name and A		REMAINS LOCATED
X A. BURIAL (INCLU	OF CREMATED REMINETERY SE  11A. NAME AND A MOUNT HOP SAN DIEGO	DDRESS OF CALIFORNIA CEMPE CEMPTERY, 375	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO RETERY 1 MARKET ST.	NT CALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURIS	ED , 11C. SIGN	(Name and A	SON IN C	HARGE OF BURIAL
A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMINETERY SE  11A. NAME AND A MOUNT HOP SAN DIEGO	DDRESS OF CALIFORNIA CEMPE CEMPTERY, 375	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO RETERY 1 MARKET ST.	NT CALIFORNIA OUTSIDE OF CALIFORNIA 118 DATE BURIS	ED , 11C. SIGN	(Name and A	SON IN C	HARGE OF BURIAL
A. BURIAL (INCLU B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	DES ENTOMBMENT) OF CREMATED REM METERY SE  11A. NAME AND A MOUNT HOP SAN DIEGO 12A. NAME AND A	DDRESS OF CALIFORNIA CEMPE CEMPTERY, 375	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO  RETERY J. MARKET ST.	NT CALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURIE 12-4-0 128. DATE CREMA	TED 12C. SIGN	(Name and A	SON IN CH	HARGE OF BURIAL
A. BURIAL (INCLU B. CREMATION C. DISPOSITION ( THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	DES ENTOMBMENT) OF CREMATED REM METERY SE  11A. NAME AND A MOUNT HOP SAN DIECO  12A. NAME AND A  13A. NAME AND A  14A. NAME AND A	DDRESS OF CALIFORNIA CEMPE CEMPTERY, 375 O, CA. 92102 DORESS OF CALIFORNIA CRE	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO  RETERY T MARKET ST.  MATORY  ILITY RECEIVING REMA	NT CALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURIS 128. DATE CREMA 138. DATE RECEI	TED 12C. SIGN	(Name and A	SON IN CH	HARGE OF BURIAL HARGE OF CREMATION HARGE OF FACILITY

COPY 1

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

VS9 (REV. 6/91)

# MT. HOPE CEMETERY INTERMENT ORDER

AT- NEED

#### City of San Diego

Date 12/01/03

	cted, subject to your rules and regulations, to inter the remains
a ALBEIZTA	TONES
inaTS.VAULT	Funeral, date, time Friday, Dec. 5th 12
Church) Chapel, Graveside	FEATHER GILL Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	
	ow Section 3 Division/Block_ / 2_
Grave space & Care Fund	E-12760
Additional spaces and care fund	
Opening/Closing & Setup	E-12760 =
	4 UCT "
Handling Fees	E-1276
Flower vases - Marker setting fee	
Recording and filing fee	E-12760
province en agita non consultano acidam especialment	-
	Total Due
	Paid receipt number
	Balance due
I hereby certify I am the and this is your authority to make dia that I have the right to make this author any liability on account of said author	of the above named decedent position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from ization and interment.
I hareby authorize the interment in lot hold under deed.	
Roullette	24055 thrato 109
Work Order # E 18156	Invoice #

#### GRAVE BLIND CHECK FORM

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

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*	n_utter	ai Dom	Dagins	Broadus	0	

					d	
Blind Che	eck Initiat	ed By:	Paule	te C.	Date: /	2-1-03
Interment						
Interment	Date: F	eiday.	Dec 5th	(/ Time:	12:0	O Church
Div: 12	Sect:	<u>3</u> 8	ik/Row:_	Lot:		Gr: <u>9</u> _
Grave La	id out by	Horman	Langue	<u> </u>		
Agrees w	ith Legal	Card:	Yes	□ No		
A	ith Man	A Vac	а	No I	0.	

Blind Check & Verified By

E 18156 43

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMIL)	n		E OF DEATH   4. SEX		
Alberta	L. J		Jones	07705/1910 117	3072003 F			
SA. CITY OF DEATH			EATH—OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE				
Lemon Grove	Lemon Grove		ENTER STATE	San Diego	Judy Charles, Daughter			
Featheringi	11 Mortuar	y	R PERSON ACTING AS SUCH 7B.	CALIF. LICENSE NUMBER —IF APPLICABLE	24025 Huntridge Dr Murrieta, CA 92562	••		
6322 El Caj	on Blvd.,	San Diego, C	A 92115	FD1083	BA. SIGNATURE OF APPLICANT Form taple	permit 88. DATE SIGNED		
ACKNOWLEDGMENT OF A			proposed disposition stated herein is one of and was authorized pursuant to Section 7100		- ne	12/02/2003		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WIT ORNIA HEALTH AND SAFI IY FOR THE DISPOSITION:	ETY CODE SPECIFIED	12/03/20		ISTRAR ISSUING PERMIT 9654		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	# DEATH OCCURRE	EGISTRAR OF DISTRICT D IN CAUFORNIA 22, San Diego	secretarian land	ADDRESS OF REGISTRAR	OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA.	•		
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CA		(Name and Address)	REMAINS LOCATED AT		
BURIAL	Mt. Hope Co		CEMETERY 1 Market St.,	118. DATE BURIED		CHARGE OF BURIAL		
CREMATION  SCIENTIFIC	12A. NAME AND AC	OORESS OF CALIFORNIA	A CREMATORY	128. DATE CREMATI	ED 12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION		
SCIENTIFIC	13A. NAME AND AD	ODRESS OF CALIFORNIA	FACILITY RECEIVING REMAIN	S 13B, DATE RECEIV	ED 13C, SIGNATURE OF PERSON IN C	CHARGE OF FACILITY		
TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B, DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE C OF PLACING WITH THE CARF			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			INE, OR OTHER DESCRIPTION SU CA <u>DISTRICT</u> OF DISPOSITION	F. 15B, DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE		

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

At The Shelma INTERMENT ORDER

With Johnes Date 12/1/	103
You are hereby authorized and instructed, subject to your rules and regulations, to interest of Africa Markey Markey	ter the remains
in a Ash Vault   Funeral, date, time Susa Rec	16# 11:0
Church, Chapel, Graveside : Family	Mortuery.
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 8/ Grave 7 Row Section 17 Division/BR	xx <u>7</u>
Grave space & Care Fund	
Additional spaces and care fund	<u> </u>
Opening/Closing & Setup	
Burial Container	<u>+0</u>
Handling Fees	<del>-0</del> -
Flower vases - Marker setting fee PAID	0
Recording and filing fee	0
Sales taxes DEC 1 6 2003	0_
MOUNT HOPE CEMETERY	
Balance due	0_
I hereby certify I am the	and represent
Signature of recorded holder of closed  Paullette  Transplaces  Address  Space D1660 OR  Transplaces	2 90/04/ 24 Code
Work Order # E 18157 Acct. #	

### MT HOPE CEMETERY

	GRAVE BL	IND CH	IECK FO	)KM	
Write in the nan block marked w existing marker' the burial space	ith "X". Place s in the appr	e the nam opriate s	ne's, lot # pace(s) th	and grav	e # of all
mc Hented	Country	rwos	eus Kelle		
WC I	31	A	Gui		
Blind Check Init Interment space Interment Date:	12-16	-03	Time: _//	1:00 6	rs.
Div: Se Grave Laid out	by Vorma	$n$ $f_{i0}$	~ u o ~ ~		
Agrees with Leg Agrees with Ma Blind Check &	gal Card: <b>∑</b> p: ☑ Yes Verified By:≦	Yes Z-C	□ No No 243	F109 3_ Date	gentle 6215-0

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1,4	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH	
	Shirle	ev.	Anne	Morris		03/28/1953	
5,4	CITY OF DEATH	1	r.	58. COUNTY OF DEATH	-OUTSIDE CALIF.	5. NAME, RELATIONSHIP, FULL	MAILING ADDRESS AND ZIP CODE
	San Diego	0		ENTER STATE Sa	n Diego	OF INFORMANT Robin Harring	ton Sister
7A		DRESS OF CALIFORM -Ragsdale M	A FUNERAL DIRECTOR OR PERSO Ortuary, 5050 Fe 2		IF. LICENSE NUMBER APPLICABLE 1329	5412 Elgin Bai Antelope, CA	11le Way 95843
_	ACKNOWLEDGMENT OF A	number     hereby a	cknowledge as applicant that the proposed	disposition stated herein is one of the	dispositions authorized by	BA SIGNATURE OF APPLICANT	—Person taking permit 8B. DATE SIGNED 06/18 / 2003
-		Section 10.	376 of the Health and Safety Code, and was as JED IN ACCORDANCE WITH PROV			and the commence of the commence of	LOCAL REGISTRAR ISSUING PERMIT
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ORNIA HEALTH AND SAFETY COO Y FOR THE DISPOSITION SPECIFIE B HIGHT OF DISPOSAL OUTSIDE OF CALFORN	DE ED	06/18/20 B. Campb	2310172	TOURE REGISTRAY ISSUED FERMI
AN		9D. ADDRESS OF RE IF DEATH OCCURRE Vital Reco	GISTRAR OF DISTRICT OF DE	ATH- 9E. ADD	RESS OF REGISTRAF	OF DISTRICT OF DISPOSITION- UR IN AMOTHER DISTRICT IN CAU	
10	AUTHORIZED DISP	OSITION(S) CHECK A				FOR CO	PRONER'S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ON PENDING REMAINS LOCATEMENT Address)
	BURIAL		Cemetery, 3751 M , GA 92192	TERY Iarket Street	118. DATE BURIE	1/	ERSON IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	CHI VIPILLORI TOTO TOTO	DORESS OF CALIFORNIA CREM	ATORY	12B. DATE CREMA	1 6/100	ERSON IN CHARGE OF CREMATION
APPLICA	SCIENTIFIC USE	13A, NAME AND AD	ODRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	138. DATE RECE	IVED 13C. SIGNATURE OF PR	ERSON IN CHARGE OF FACILITY
OMPLETE	TRANSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO I		148. DATE SHIPP	ED 14C. ADDRESS AND SI OF PLACING WITH	GNATURE OF PERSON IN CHARGE I THE CARRIER
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA <u>DIS</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PI CHARGE OF DISPI	

COPY 2 IS RETAINED BY 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 Doed

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date_12-1-03

0100	UT - Da	5 170
In aSLABFun	eral, date, time TUES DEC	1
Church, Chapel, Graveside	; (Teenwood	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of r	egular work day or an extra charge of	\$
will be applied and billed to undersigned		
Lot 138 Grave   Row	Section Musican Division/Blace	k
Grave space & Care Fund	E-16453	0
Additional spaces and care fund		-
Opening/Closing & Setup	E-17338	
Burlal Container	· 🗪	_
Handling Fees	<u>U</u>	-
Flower vases - Marker setting fee	***************************************	_
Flower vases – Marker setting fee DEC 0 1	2003	(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Sales taxes		-
	EMETERY	0
MOUNT HOPE	JEME I EMOVal Due	
Sales taxes MOUNT HOPE (	elpt number	
1 1 10 1 10		<u> </u>
I hereby certify I am the Son	Balance due of the above nan	and represent
I hereby certify I am the Some and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and	Balance due of the above narremains as above indicated. I certify a	and represent
I hereby certify I am the Son and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and ALL KARA M ZADEH	Balance due of the above narremains as above indicated. I certify a	and represent
I hereby certify I am the Some and this is your authority to make disposition of that I have the right to make this authorization and ALT KARA M ZADE H I hereby authorize the interment in lot I	Balance due of the above narremains as above indicated. I certify a	and represent
I hereby certify I am the Some and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and ALL KARA M ZADEH I hereby authorize the interment in lot I hold under deed.	Balance due of the above narremains as above indicated. I certify a	and represent
I hereby certify I am the Some and this is your authority to make disposition of that I have the right to make this authorization and ALT KARA M ZADE H I hereby authorize the interment in lot I	Balance due of the above name remains as above indicated. I certify a diagree to hold Mt. Hope Cemetery himterment.  Color Karana 10266 Highlands Address Epondul 920	and represent
I hereby certify I am the Some and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and ALL KARA M ZADEH I hereby authorize the interment in lot I hold under deed.	Balance due	and represent armies from was Tor
I hereby certify I am the Som and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and ALL KARA M ZADEH I hereby authorize the interment in lot I hold under deed.	Balance due de	and represent earmises from Was T Dr

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

		-	- 10
	100 3		
	Forgon	12gx	
*	1 3 -		

Interment Date: 12-2-03 Time: 1.00

Interment Date: 12 2 0 5 Time: 1.00

Div:____ Sect: NW PBlk/Row: ____ Lot: 38 Gr:____

Grave Laid out by: No EMNU FERCUSON

Grave Land out by MAR WANG 1 STEERS 10

Agrees with Legal Card: Yes No

Blind Check & Verified By: Market Date: 12/5/0

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

£ 18158

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			E OF DEATH   4. SEX
DORSADA	A.F	() xi <del></del>	RANDE	GAH	09/28/1916 11/	29/2003 F
A. CITY OF DEATH	SAN DIRC	•	58. COUNTY OF DEATH	OUTSIDE CALIF.	8. NAME, RELATIONSHIP, FULL MAKING A OF INFORMANT DOLAT MORAPHAD — DJ	
	DORESS OF CALIFORN	MA-FUNERAL DIRECTOR OR PERS	ON ACTING AS SUCH , 78. CAL		7777 BELDEN STREET,	. <b>#9</b> 7 '
GENERAUGO	MONTHWEI -	I-805 & IMPERIAL SAN DINGO, CA 9:	- WATHOR !		SAN DIRGO, CA 92111  BA. SIGNATURE OF APPLICANT—Person taking	
ACKNOWLEDGMENT OF A		acknowledge as applicant that the proposed 0376 of the Health and Safety Gode, and was a	disposition stated herem is one of the	dispositions authorized by	- Lunna Xouis	12/01/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISS SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT.	UPD IN ACCORDANCE WITH PROFORMA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFI TO MIGHT OF DISPOSAL OUTSIDE OF CALFERIN	BA. AMOUNT OF FEE PA		2319360	SISTRAR ISSUING PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	EGISTRAR OF DISTRICT OF DE ED IN CAUFORNIA 85222 D. CA 92186 5222			OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US  BURIAL	11A. NAME AND A	DORESS OF CALIFORNIA CEME	Depth of the second of the sec	IDE OF CALIFORNIA	(Name and Address)  D   11C SEGNATURE OF PERSON BY	CHARGE OF BURIAL
CREMATION	12A. NAME AND A	SAN DIECO, CA 9: DDRESS OF CALIFORNIA CREM		128. DATE CREMAT	ED 12C: SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEIV	VED 19C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPE	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARR	
TRANSIT  SCATTERING AT SEA OR OR ORDORITION OTHER THAN IN A CEMETERY	FICIENT TO ID	arest point on shoreline, or Entify final place and ca <u>dis</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, LICENSE HAMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



E 18158

### Mount Hope Cemetery

3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102

### STATEMENT

ELEPHONE: 264

527-348

12-	-04-2003	E-18158
To:	Ali Karamzadeh 10266 Highlands Wes Escondido, CA 92129	

DESCRIPTION OF CHARGE

AMOUNT

Late arrival fee for Dorsadaf Bandegan service. You arrived at 3:10 on Tuesday December 2nd which incurs late fee of

\$165 00

Payable in 30 days from the statement

### MT. HOPE CEMETERY

### INTERMENT ORDER

20	
renes	City of San Diego
ats 5	

		2000	
	10-	. 1	03
Date	12-	4	03

Le			12-	1-03
1013,00		Date	10	\$ 03
(6)		SILVERS AND STATE	VP-00-ENG-1 NOREW	
You are hereby authorized and instru			lations, to i	nter the remains
of you museum	organizat	002 0	1 0	<i>N</i>
in a Year of Buriel Container	Funeral, date, tir	пе		
Church, Chapel, Graveside	P			Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work	day or en e	xtra charge	at \$
will be applied and billed to undersign	ned			
168,169 4170 Lot Grave R	ow Section	Must	Division/B	lock
Grave space & Care Fund3	QUAND 60	5,00 80	ach	181500
Additional spaces and care fund			***********	
Opening/Closing & Setup		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Opening/Closing & Setup Buriel Container	PAID			
Handling Fees			***********	. —
Flower vases - Marker setting fee	DEC 0 1 2003			
Recording and filing fee				
Sales taxes MOU	NT HOPE CEM	ETERY		
		Total Due		1815,00
	Paid receipt number.	R -5	1956	1815.00
	Paid receipt number.		Balance due	0
****		110		
I hereby certify I am the and this is your authority to make dis- that I have the right to make this auth- any liability on account of said author	orization and I agree to	above Indic	ated. I certi	named decedent ty and represent ry harmless from
I hereby authorize the interment in lo	tl s			
hold under deed.	Address			
Signature of recorded holder of deed	City			Zio Coda
MR AZAD	19764			Zip Goos
A USSANGE MA SE	Telephone		3.6	
whatter - 1015	Invoice #	b		
Work Order # E 18159	Acct. # _		9	
V.	567 /4			

REA-104 (7-96)

This information is available in alternative formats upon request.

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

atneed	Date 12-3-03
You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
in a No Ash Vault	Funeral, date, time Thus Qe (44)
Church, Chapel, Graveside	; Rags dale Mortuary.
All Funeral cars must arrive before 3:90 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 426 Grave 1 Row_	Section 4_ Division/Bleek 8
Grave space & Care Fund	220 00
Additional spaces and care fund	
Opening/Closing & Setup	116.00
Burlal Container N/A	
Handling Fees NA	
Handling Fees V/A Flower vases - Marker setting fee	DEC 0 2 2003
Recording and filing fee	NT HOPE CEMETERY 50,00
Paid I	Total Due
Was Commenced	Balance due
I hereby certify I am the S/S/S/C/C and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization s	or remains as above indicated. I centry and represent and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Helma allen 4B5Z logan an #106
Signature of recorded holder of deed	S.D 92/13
) Lette	(CG(9) 5-7-7867 Zo Code Telephone
auc _	Invoice #
Work Order # E 18160	Acot. #
OSA-104 (7-08) This informs	ation is available in alternative formats upon request.

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

Domi	ding	
	3.0943	
х		
ucin	ord	

nterment space for: Willie Sims R  nterment Date: Thus 14 Time: 1'-80  Div: 8 Sect: 4 Blk/Row: Lot: 486 Gr: 1	Blind Check Init	iated By:	Fan		Date: _	12/1
				Sim	SR	
Div: 8 Sect: 4 Blk/Row: Lot: 436 Gr: 1	nterment Date:	Thurs	12/4	Time:	1,00	
	Div:Sec	st: <u>4</u>	Blk/Row:	Lot:	426 Gr	: <u> </u>

Agress with Map: 0

200

flas m

Agrees with Map: Yes

Agrees with Legal Card: Yes

Blinc Check & Verified By

□ No

ate: 19/3/03

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	ENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			ATE OF DEATH 4. SET
Willie		Edward	Mims	Control of the same	102/24/1929 111/	26/2003 M
SA. CITY OF DEATH		an and the case of the same	58. COUNTY OF DEAT	H-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	ADDRESS AND ZIP CO
La Mesa			ENTER STATE Sa	n Diego	Thelma Allen, Sist	er
Anderson-	ODRESS OF CALIFORN Ragsdale M CA 92102	ortuary, 5050 Fe	son acting as such 78. ca ederal Blvd. —	LIF. LICENSE NUMBER F APPLICABLE	4852 Logan Avenue San Diego, CA 9211	#106 3
- contration of the	1 18-16	SAFETY TO SEE THE SECOND SECON		manufactured by the second sec	BA. SIGNATURE OF APPLICANT PERSON LA	
ACKNOWLEDGMENT OF A	Section 10	icknowledge as applicant that the proposer 376 of the Health and Safety Code, and was	authorized pursuant to Section 7100 of 8	te Health and Safety Code	> blancampbell	12/03/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT. NOTE: THIS PERMIT GIVES IN	JED IN ACCORDANCE WITH PRO CORNA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF IN MIGHT OF DISPOSAL DUTING OF CALFOR	13.00	12/03/200 B. Campb	e11   ▶	EGISTRAR ISSUING PERM
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DI B IN CALIFORNIA rds, P.O. Box 85 , CA 92186-5222	1 1		OF DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	5
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER	R'S USE ONLY
B. CREMATION  C. DISPOSITION	OF CREMATED REM	AINS OTHER	F. DISINTERMENT	- Souther		
D. SCIENTIFIC U	Mt. Hope	DDRESS OF CALIFORNIA CEM Cemetery, 3751 M		The second second second	11C. SIGNATURE OF PERSONAL	CHARGE OF BURIAL
D. SCIENTIFIC U	INA NAME AND AL Mt. Hope ( San Diego 12A NAME AND AL CSI Cremat	DDRESS OF CALIFORNIA CEM Cemetery, 3751 M	H. TRANSIT TO OUTS ETERY MATCHET MATCHY ENC.; 2570 For-	RIDE OF CALIFORNIA	ED 12C SIGNATURE OF SERSON IN	Famber
D. SCIENTIFIC U	11A NAME AND AI Mt. Hope ( San Diego 12A NAME AND AI CSI Cremat tune Way;	DORESS OF CALIFORNIA CEM Cemetery, 3751 M , CA 92102 DDRESS OF CALIFORNIA CRE LION Services, I	H TRANSIT TO OUTS ETERY Market Street MATORY LNC.; 2570 For-	118. DATE BURIED	ED 12C SIGNATURE OF SEASON IN	Tember I CHARGE OF CREMATION HOTH
BURIAL  CREMATION  SCIENTIFIC	INA. NAME AND ALL Mt. Hope ( San Diego) IZA. NAME AND ALL CSI Cremate tune Way; ISA. NAME AND ALL IAA. NAME AND ALL	DDRESS OF CALIFORNIA CEM Cemetery, 3751 M , CA 92102 DDRESS OF CALIFORNIA CREI LION Services, I Vista, CA 92083	H. TRANSIT TO OUTS ETERY MATCHE Street MATCHE 2570 For- B LITY RECEIVING REMAINS OR COUNTRY WHERE	118. DATE BURIED 128. DATE CREMATI 12/3/03	ED 12C SIGNATURE OF PERSON IN A SIGNATURE OF PERSON IN	CHARGE OF CREMATION CHARGE OF FACILITY OF PERSON IN CHARGE

COPY 1

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

VS9 (REV. 8/91)

# AT Jeed IN

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/2/03

ofR	osalva Costruita 22721	0 /
ina Cine	Funeral, date, time FC. Dec 5.	
Church Chapel Grave	soids S.D. Members	Mortuary.
ALLIVE AT	mT. yof E arrive before 3:30 p.m. of regular work day or an extra charge of \$_	
will be applied and bille		
will be abbien and nike	to to discersigned.	
Lot 45 Grave	/ 2 Row Section 2 — Division/Block_	12
Grave space & Care Fu	und9	185,00
Additional angues and	care fund DAHD	
Opening/Closing & Set	PAID	113 00
		19 10
Burial Container	DEC 0 3 2003 2	1000
Handling Fees	DEC 0.5 2005	0.00
Flower vases - Market	MOUNT HOPE CEMETERY	
Recording and filling fee	MOUNT HOFE SELECTION	50,00
Sales taxes		16.20
-	Total Due	833.20
	Paid receipt number K-56963 L	8336
		0
	Balance due	~
I hereby certify I am the	e BYOTHEY of the above named the to make disposition of remains as above indicated. I certify and	decedent
that I have the right to I	make this authorization and I agree to hold Mt. Hope Cemetery hard t of said authorization and interment.	misss from
	TAUITA CALL A	_
I hereby authorize the		2
hold under deed.	1403 EAST 1814 9	#7
Skynsture of recorded holder of do	NATional City CA. 9	1950
	City	2 Zh Code
Paulate	Telephone	me./
Janes	(mag)	
	18161	
Work Order #	10101 Acct.#	
REA-104 (7-98)	This information is available in alternative formats upon	on request

### MT HOPE CEMETERY

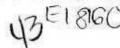
### GRAVE BLIND CHECK FORM

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

1	Shuzar	Wilder	Hall	
Bird	Thompson	x	-	Smith
	74.0			

Blind Check Initiated By: Paulette C. Date: 12 - 3-0
Interment space for: Rosawa Castruita
Interment Date: 12-5-03 Time: (0:30
Div: 12 Sect: 2 Blk/Row: Lot: 45 Gr: 12
Grave Laid out by: Norman Farquena
Agrees with Legal Card: A Yes No
Agrees with Map: A Yes
Blind Check & Verified By Manual Date: 10/2/03

### **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**



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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	inite do to otto th	2. DATE OF BIRTH 3	DATE OF DEATH 4. SEX
ROSALVA	86 30	CASTRUITA	MEZA			12/01/2003 P
CHULA VIS	TA .		SAN DIEGO		NAME, RELATIONSHIP, FULL MA OF INFORMANT REBECCA ROA-SIST	ILING ADDRESS AND ZIP COD
DIESO	2101 2101	A. FUNERAL DIRECTOR OR PERS	ON ACTING AS SUCH 7B. CALIF	PPLICABLE 1575	560 HIGHLANDER I RIVERSIDE, CA 92 A. SIGNATURE OF APPLICANT—PAR	2507
ACKNOWLEDGEMENT OF A	PPLICANT I hereby acknowledge of the Health	owledge as applicant that the proposed disposit and Safety Code, and was authorized pursuant	ion stated herein is one of the dispositions as to Section 7100 of the Health and Salety Co	thorized by Section 103055	Josyl Luna	13/03/2005
PERMIT.	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTH IN SPECIFIED IN THIS PERMIT. INIGHT OF DISPOSAL DUTSIDE OF CALIFOR	OR-	98 DATE PERMIT ISS 12/04/20 J. LEMON		REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		GISTRAR OF DISTRICT OF DE ED IN CALIFORNIA			DISTRICT OF DISPOSITION — ANOTHER DISTRICT IN CALIFORNIA	
BURIAL INICLUDE  B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE  BURIAL	CREMATED REMAINS OF	OTHER ORESS OF CALIFORNIA CEME	E. TEMPORARY ENVAULT F. DISINTERMENT G. SHIP IN TO CALIFORNI. D. TRANSIT TO OUTSIDE	٠, ١	11C. SIGNATURE OF PERSO	IN IN CHARGE OF BURIAL
CREMATION		DORESS OF CALIFORNIA CREM	IATORY	12B. DATE CREMATE		ON IN CHARGE OF CREMATION
SCIENTIFIC	13A, NAME AND AD	DRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF PERSO	IN IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO		14B. DATE SHIPPED	14C ADDRESS AND SIGNAT OF PLACING WITH THE	URE OF PERSON IN CHARGE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, DIDENTIFY FINAL PLACE AND C EA, <u>ONLY</u> ENTER LATITUDE AN	A DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C: SIGNATURE OF PERSO CHARGE OF DISPOSITI	

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



### MT. HOPE CEMETERY

### INTERMENT ORDER

( NIEE City of	San Diego Date 12/08	103
You are hereby authorized and instructed, subject	ct to your rules and regulations, to inter (ICE V.A. #2004 OG neral, date, time Thuy Spec 1 Only; Preserved	8th 10.30 Mortugary.
will be applied and billed to undersigned	<u> </u>	
Lot 65 Grave Row Row	PAID Division/Bloo	985.00
Additional spaces and care fund	OCT 24 2005	
Opening/Closing & Setup		413.00
Burlal Confainer	NT HODE CENTER	209.00
Handling Fees	W. P. F. SEMETERY	160,00
Flower values - Marker setting fee	myline.	
Recording and filing fee	Or hi	50.00
Soles taxes		16.20
Dice and	Total Due	1833.20
Red and South Pald rec	eipt number pd by phone )	833.20
Dross - 456-600	Balance due	0
I hersby certify I am the	of the above nam	ned decedent
and this is your authority to make disposition of that I have the right to make this authorization are any liability on account of said authorization and	remains as above indicated. I certify a	and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
9.	Actives	_
Outstand Tolograf Good Tolograf Good Tolograf Good Tolograf Good Good Good Good Good Good Good Goo	CNV	Zip Gode
into we will	Telephone	
Com s	Invoice # 391474	4
Work Order # E 18162	Acct. # 00095	Ž .
		THE CO.

REA-104 (7-96)

This information is available in alternative formats upon request.

(Some Sugal Carmichael E18162 took over estate (sister) Daniel Little law offices handaling (1913) 656-8848 Probate crt. (ase #7185924 craita claim

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

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<b>6</b>	Brayo	maria	х		

Blind Check Ir	nitiated B	y: Paulette	<u></u> ر	ate: 12/14
nterment spa	ce for: K	Evin Gric	E PA. #	2001 4689
Interment Date	e:Deliver	y Thurs. 18th.	Time: <u>10:30</u>	Am
Div: 12 S	ect: 1	Blk/Row:	Lot: 65	Gr:_1_
Grave Laid ou	it by: <u>N</u> e	rman fer	7~~	
Agrees with L		9466	TNO	

Blind Check & Verified By: Kennett Collin Date: 12/17/0

Agrees with Map: 2 Yes

## NOTICE OF ADMINISTRATION OF THE ESTATE ()F

KEVIN	ANTHONY	GRICE
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(NAME)

### DECEDENT

### NOTICE TO CREDITORS

1. (Name): MARY K. KARNEOL

(Address):

2755 CR 220 BOX E, MIDDLEBURG, FL 32068

(Telephone): 904-213-0791

is the personal representative of the ESTATE OF (name): KEVIN ANTHONY GRICE

, who is deceased.

- 2. The personal representative HAS BEGUN ADMINISTRATION of the decedent's estate in the
  - a. SUPERIOR COURT OF CALIFORNIA, COUNTY OF (specify): SAN DIEGO

STREET ADDRESS

1409 FOURTH AVE.

MANUTE ADDRESS SAME

CITY AND SIP CODE: SAN DIEGO 92101

BRATICH NAME:

PROBATE

- b. Case number (specify): p 185924
- You must FILE YOUR CLAIM with the court clerk (address in item 2a) AND mail or deliver a copy to the personal representative before the fater of the following times as provided in Probate Code section 9100:
  - a. four months after (date):

MAY 4, 2004

, the date letters (authority to act for the estate) were first

issued to the personal representative, OR

b. sixty days after (date):

, the date this notice was mailed or personally delivered to you.

LATE CLAIMS: If you do not file your claim before it is due, you must file a petition with the court for permission to file a late claim
as provided in Probate Code section 9103.

WHERE TO GET A CREDITOR'S CLAIM FORM: If a Creditor's Claim (form DE-172) did not accompany this notice, you may obtain a copy from any superior court clerk or from the person who sent you this notice. A letter to the court stating your claim is not sufficient.

FAILURE TO FILE A CLAIM: Failure to file a claim with the court and serve a copy of the claim on the personal representative will in most instances invalidate your claim.

IF YOU MAIL YOUR CLAIM: If you use the mail to file your claim with the court, for your protection you should send your claim by certified mail, with return receipt requested. If you use the mail to serve a copy of your claim on the personal representative, you should also use certified mail.

Note: To assist the creditor and the court, please send a copy of the Creditor's Claim form with this notice.

(Proof of Service on reverse)

Form Approved by the Judicial County of California UE-157 [Rev. Juniary 1, 1998]

NOTICE OF ADMINISTRATION TO CREDITORS (Probate)

Probate Code §§ 9050.

#### [Optional]

#### PROOF OF SERVICE BY MAIL

- 1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
- 2. My residence or business address is (specify):

2300 BOSWELL RD., #181, CHULA VISTA, CA 91914

3. I served the foregoing Notice of Administration of Creditors	and a blank Creditor's Claim form*	on each person named
below by enclosing a copy in an envelope addressed as show	n below AND	

a depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.

placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with the business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. a. Date of deposit: May 27, 2004

b. Place of deposit (city and state): Chula Vista, California

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

Dale: May 27, 2004

Carole F. Carmichael

Marche & Carnoline

### NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

County of San Diego Health and Human Services Agency 5201-A Ruffin Rd. San Diego, CA 92123-1699

John Hancock Life Insurance Co. LDS Services, X-5 John Hancock Place, PO Box 772 Boston, MA 02117-0111

Preferred Cremation and Burial 3094 El Cajon Blvd., #A San Diego, CA 92104

SBC Residence Services POB 9039 South San Francisco, CA 94107-8230

San Diego Gas & Electric P.O. Box 25111 Santa Ana, CA 92799-5111

Treasurer-Tax Collector County of San Diego 1500 pacific Highway, RM 162 San Diego, CA 92101-2477 American Agencies 230 S. Euclid Anaheim, CA 92802

Rickenbacker Collections 7568 Monterey St. Gilroy, CA 95020-5826

MT. Hope Cemetery 3751 Market ST. San Diego, CA 92102

The City of San Diego Water Department San Diego, CA 92187

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1	Acc; 3,04 54	1 181 111	Hannes	241 101	SUMPSSES	CONTINUE	en in a	411(940,31111(921))

NOTE: To assist the creditor and the court, please send a copy of the Creditor's Claim (form DE-172) with the notice.

Date of item	FA		(if space is insufficie	70.2	1
Date or item		nem and su	pporting facts		Amount claimed
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					1
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I am the creditor of My residence or but I mailed or personal a. Mail. I a (1) I end (a) [ (b) ]  (2) The (a) I (b) / (c) I (d) I b. Personal	(Be sure to make a person acting on be usiness address is (specially delivered a copy of am a resident of or emplosed a copy in an emplosed a copy in an emplosed a copy in an emplosed the envelope our ordinary but processing corresponding, it is dependent of personal representations on envelope:  Date of mailing:  Place of mailing:	nail or take the original ehalf of the creditor. At the ecity):  If this Creditor's Claim to ployed in the county whe velope AND ealed envelope with the elope for collection and mainess practices. I am espondence for mailing, osited in the ordinary costage fully prepaid, sed and mailed first-classes esentative served:  Ind state):  Ind state):	the time of mailing or dithe time of mailing or dithe time of mailing or dithe personal representate the mailing occurre.  United States Postal Shailing on the date and readily familiar with On the same day that ourse of business with as as follows:	RSONAL REPRES  office for filing)  elivery I was at least  tative as follows (che d.  ervice with the postag I at the place shown this business' prac correspondence is p the United States Po	the state of the s
I am the creditor of My residence or but I mailed or persona.  Mail. I a (1) I end (a) [ (b) ]  (2) The (a) I (b) / (c) I (d) I (e)	(Be sure to make a person acting on be usiness address is (specially delivered a copy of am a resident of or emplosed a copy in an emplosed a copy in an emplosed the envelope our ordinary but processing corresponding, it is dependent of personal representations.)  Address on envelope:  Date of mailing:	nail or take the original ehalf of the creditor. At the ecity):  If this Creditor's Claim to ployed in the county whe velope AND ealed envelope with the elope for collection and mainess practices. I am espondence for mailing, osited in the ordinary costage fully prepaid, sed and mailed first-classes esentative served:  Ind state):  Ind state):	the time of mailing or dithe time of mailing or dithe time of mailing or dithe personal representate the mailing occurre.  United States Postal Shailing on the date and readily familiar with On the same day that ourse of business with as as follows:	RSONAL REPRES  office for filing)  elivery I was at least  tative as follows (che d.  ervice with the postag I at the place shown this business' prac correspondence is p the United States Po	the state of the s
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ATTORNEY OR PARTY WITHOUT ATTORNEY INDIANA, state bar number, and address):  Daniel Little Law Offices	FOR COURT USE ONLY
2300 Boswell ed. ste 181	ľ
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chula Vista, Ca. 91914	
STATE OF THE STATE	
TELEPHONE NO: (019) (056-5847 FAX NO.:	
ATTORNEY FOR (Name):	Į.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	1
MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO, CA 92101-3105	
NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92083-6645	
1 1001111 COUNTY DIVISION, 525 C. MCCHOSC DN., VIGTA, CA 52003-0043	
	V.
ESTATE OF (Name): Kevin Grice	¥
Rediri Giree	T.
DECEDENT	
ALLOWANCE OF REJECTION OF CREDITORIS OF AIM	CASE NUMBER
ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM	P185924
	1 139 19 1
NOTE: Attach a copy of the creditor's claim. If allowance or rejection by the court pages attached to the creditor claim form.	is not required, do not include any
PERSONAL REPRESENTATIVE'S ALLOWANCE OR I	REJECTION
21 (2) 3 14 14 (	1
. Name of creditor (specify): City of San Diego - Ht. Hope Ceme	tery
. The claim was filed on (date): Thought a desire	
. Date of first issuance of letters:	
Date of Notice of Administration:	
. Date of Mouce of Administration:	
. Date of decedent's death: November 2, 2003	
. Date of decedent's death: November 2, 2003 . Estimated value of estate: \$	
. Date of decedent's death: November 2, 2003	
. Date of decedent's death: November 2, 2003 . Estimated value of estate: \$	claims before they are paid.)
Date of decedent's death: November 2,2003  Estimated value of estate: \$  Total amount of the claim: \$ 1833-20  Claim is allowed for: \$  (The court must approve certain	
Date of decedent's death: November 2,3003  Estimated value of estate: \$ Total amount of the claim: \$ 1833-20  Claim is allowed for: \$ (The court must approve certain (A creditor has three months to a	claims before they are paid.) act on a rejected claim. See box below.)
Date of decedent's death: November 2,203  Estimated value of estate: \$  Total amount of the claim: \$ /833-20  Claim is allowed for: \$  (The court must approve certain (A creditor has three months to a count of the court must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months to a count must approve certain (A creditor has three months).	act on a rejected claim. See box below.)
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Date of decedent's death: November 2, 2003  Estimated value of estate: \$  Total amount of the claim: \$ / 333 - 20  Claim is allowed for: \$  Claim is rejected for: \$  Notice of allowance or rejection given on (date):  The personal representative is authorized to administer the estate under the Independent:  The personal representative is authorized to administer the estate under the Independent:  The personal representative is authorized to administer the estate under the Independent:  The personal representative is authorized to administer the estate under the Independent:  The personal representative is authorized to administer the estate under the Independent:  The personal representative is authorized to administer the estate under the Independent:  The personal representative is authorized to administer the estate under the Independent:  The personal representative is authorized to administer the estate under the Independent is given, the creditor must act or as follows:  a. Claim due: within three months after the notice of rejection.  b. Claim not due: within three months after the claim becomes	endent Administration of Estates Act.  TURE OF PERSONAL REPRESENTATIVE)  The rejected claim (e.g., file a lawsuit)
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Date of decedent's death: November 2,3003  Estimated value of estate: \$  Total amount of the claim: \$ /333.20  Claim is allowed for: \$ (The court must approve certain   Claim is rejected for: \$ (A creditor has three months to a count must approve certain   Claim is rejected for: \$ (A creditor has three months to a count must approve certain   Claim is rejected for: \$ (A creditor has three months to a count must approve certain   Claim is rejected for: \$ (A creditor has three months to a count must approve certain   Claim personal representative is authorized to administer the estate under the Independent   Count must approve certain   (A creditor has three months after the estate under the Independent   Count must approve certain   (A creditor has three months after the estate under the Independent   Count must approve certain   (A creditor has three months after the estate under the Independent   Count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a c	endent Administration of Estates Act.  TURE OF PERSONAL REPRESENTATIVE)  The rejected claim (e.g., file a lawsuit)
Date of decedent's death: November 2,3003  Estimated value of estate: \$  Total amount of the claim: \$ / \$33.30  Claim is allowed for: \$  Claim is rejected for: \$  Notice of allowance or rejection given on (date):  The personal representative is authorized to administer the estate under the Independent of the Print NAME  Tamala Hetzel  (TYPE OR PRINT NAME)  REJECTED CLAIMS: From the date notice of rejection is given, the creditor must act or as follows:  a. Claim due: within three months after the notice of rejection.  b. Claim not due: within three months after the claim becomes to the company of th	endent Administration of Estates Act.  TURE OF PERSONAL REPRESENTATIVE)  The rejected claim (e.g., file a lawsuit)
Date of decedent's death: November 2,3003  Estimated value of estate: \$  Total amount of the claim: \$ /333.20  Claim is allowed for: \$ (The court must approve certain   Claim is rejected for: \$ (A creditor has three months to a count must approve certain   Claim is rejected for: \$ (A creditor has three months to a count must approve certain   Claim is rejected for: \$ (A creditor has three months to a count must approve certain   Claim is rejected for: \$ (A creditor has three months to a count must approve certain   Claim personal representative is authorized to administer the estate under the Independent   Count must approve certain   (A creditor has three months after the estate under the Independent   Count must approve certain   (A creditor has three months after the estate under the Independent   Count must approve certain   (A creditor has three months after the estate under the Independent   Count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a count must approve certain   (A creditor has three months to a c	endent Administration of Estates Act.  TURE OF PERSONAL REPRESENTATIVE)  The rejected claim (e.g., file a lawsuit)
Date of decedent's death: November 2, 2003  Estimated value of estate: \$  Total amount of the claim: \$ /333.20  Claim is allowed for: \$  Claim is rejected for: \$  Notice of allowance or rejection given on (date):  The personal representative is authorized to administer the estate under the Independent of the Independent of the Independent of the Independent of Ind	endent Administration of Estates Act.  TURE OF PERSONAL REPRESENTATIVE)  The rejected claim (e.g., file a lawsuit)
Date of decedent's death: November 2, 2003  Estimated value of estate: \$  Total amount of the claim: \$ / 333.20  Claim is allowed for: \$  Claim is rejected for: \$  Notice of allowance or rejection given on (date):  The personal representative is authorized to administer the estale under the Indepeate: May 12, 200 4  Pamala Hetzel  (TYPE OR PRINT NAME)  REJECTED CLAIMS: From the date notice of rejection is given, the creditor must act or as follows:  a. Claim due: within three months after the notice of rejection.  b. Claim not due: within three months after the claim becomes.  COURT'S APPROVAL OR REJECTION  2. Approved for: \$  3. Rejected for: \$	endent Administration of Estates Act.  TURE OF PERSONAL REPRESENTATIVE)  The rejected claim (e.g., file a lawsuit)  due.
Date of decedent's death:    Date of decedent's death:   November 2, 2003	endent Administration of Estates Act.  TURE OF PERSONAL REPRESENTATIVE)  The rejected claim (e.g., file a lawsuit)  due.

(Proof of Service on reverse)

F 18162

CASE NUMBER

Kevin Grice DECEDENT PROOF OF MAILING PERSONAL DELIVERY TO CREDITOR At the time of mailing or personal delivery I was at least 18 years of age and not a party to this proceeding. 2. My residence or business address is (specify): Ht. Hopo Cametery 3751 Hurter of. 3751 Hurter of. 92105 3. I mailed or personally delivered a copy of the Allowance or Rejection of Creditor's Claim as follows (complete either a or b): Mail. I am a resident of or employed in the county where the mailing occurred. (1) I enclosed a copy in an envelope AND (a) deposited the sealed envelope with the United States Postal Service with the postage fully prepaid. (b) placed the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid. (2) The envelope was addressed and mailed first-class as follows: (a) Name of creditor served: (b) Address on envelope: (c) Date of mailing: (d) Place of mailing (city and state): Personal delivery. I personally delivered a copy to the creditor as follows: (1) Name of creditor served: (2) Address where delivered: (3) Date delivered: (4) Time delivered: I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date:

ESTATE OF (Name):

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ja 2

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

IA. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				ATE OF DEATH 4. SE)
Kevin		A.	Grice			12/31/1950 F41	1160220003 M
SA. CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE GALIF.,		RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
San Dieg	0		San Diego			ORMANT  all Price - P.	A. "
7A. TYPED NAME AND A		A FUNERAL DIRECTOR OR PERSON  5 Burial  Ste. A	ACTING AS SUCH 78. CA	F APPLICABLE	San	ell Price - PA Ruffin Ros Diego, CA 9212	3
ACKNOWLEDGMENT OF A	por years I hereby a	cknowledge as applicant that the proposed disp 376 of the Health and Safety Code, and was autho			1	With	12/16/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU. SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED D MIGHT OF MISPISAL DUTSIDE OF CALIFORNIA.	THE RESIDENCE OF THE PARTY OF T		003	Nancy 43	EGISTRAR ISSUING PERMI
ANY CHANGE IN DISPOSI	P.O. Box 85	GISTRAR OF DISTRICT OF DEATI D IN CALIFORNIA 5222 CA 92186-5222		DRESS OF REGISTRAR DISPOSITION IS TO OCCU		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	4
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	W 81 1893			FOR CORONER	S'S USE ONLY
D. SCIENTIFIC US	SE 11A, NAME AND A	DORESS OF CALIFORNIA CEMETE		ORNIA SIDE OF CALIFORNIA 118. DATE BURIED	) i 11C	(Name and Address  SIGNATURE OF PERSON II	7.0
BURIAL	Mount Hope 3751 Marke San Diego	CA 92102		12-18-0		Kur F	anse
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMAT	OHY	128. DATE CREMAT	E0   12C	. SIGNATURE OF PERSON IN	CHANGE OF CHEMAIN
SCIENTIFIC	13A. NAME AND AL	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEN	/ED 13C	SIGNATURE OF PERSON II	CHARGE OF FACILITY
TRANSIT		ODRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14C	ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR O' NTIFY FINAL PLACE AND CA <u>DISTR</u>		158. DATE OF DISPOSITION	15C	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAIN'S DISPOSER —IF APPLICABLE

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

## Premid

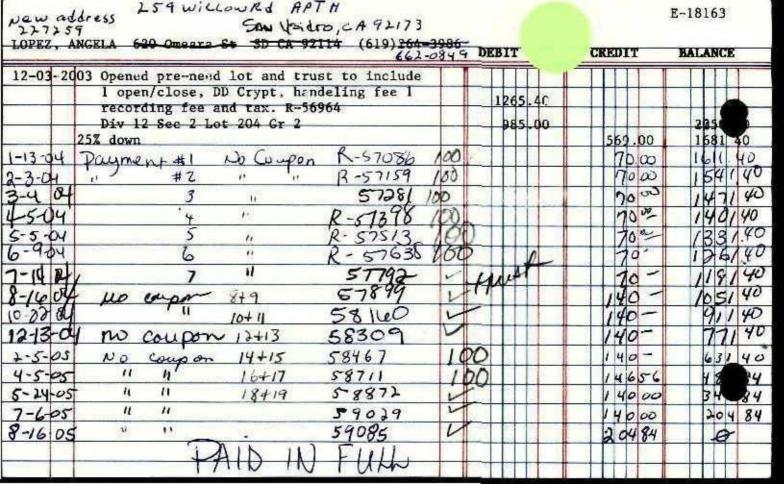
### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Dec. 3,03

You are hereby authorized a	hela L	opez	- 22	1250	1
In a DO Course	OT_	Funeral, date, t	time		
Church, Chapel, Graveside	7	_			Mortuary.
All Funeral cars must arrive t	before 3:30 p.m.	of regular work	day or an ex	dra charge of	<b>s</b>
will be applied and billed to u	indersigned	1860 2000	W	2	
100 A Guste 3	Row	Section	<u>a</u>	Division/Bloc	12
Grave space & Care Fund					100
Additional spaces and care f	und	AIR			
		-41144000000000000000000000000000000000			チャシー
Burial Container					418_
Handling Fees	AUU	7 1 0 2003	0.5	4	375
Flower vases - Marker settin	WATER TO BE	30E-0288	E VENOV	₃ 2	
Recording and filing fee		- 1	10-1940		50-
Sales taxes		21-12	F		32.40
	***************************************	804.	Total Due.	16	250.4
	Paid	receipt number	K56	964	569-
	0	٨	E	Salance due \	481,40
I hereby certify I am the	$\Rightarrow$	18	of	the shows nar	ned decedent
and this is your authority to that I have the right to make any liability on account of sa	make disposition this authorization id authorization (	of remeins as and regree to and interment.	above indica hold Mt. Ho	sted. I certify a pe Cemetery i	and represent narmless from
	0.000000000	X an	gela	Laple	
I hereby authorize the interm hold under deed.	ent in lot I	Stores	7	aya 5	+
and the same of th		1	Niego	CA	97/14
Signature of recorded holder of deed		(619)	264-39	-86	Zip Code
Lorar		Telephore	ALL AND THE STREET		
F 18	163	Invoice	•	-	
Work Order # 1 O	100	Acct. #	Secondaria		
REA-104 (7-98)	This inform	ation is availai	ble in alterna	tive formats u	IDan request.



### MT HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

	22	1 !	-3
Date	()	4(	03

, ,0,	0
	ad, aubject to your rules and regulations, to inter the remains
ina 15.	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	·
LOR [3] Grave Le Row	Section
Grave space & Care Fund	
Additional spaces and care fund	
Additional spaces and care fund	PAID 43
Burlal Container	<u> 26</u>
Handling Fees	JUL 0 6 2004 204
Flower vases - Marker setting fee	
Recording and filling fee MO	UNT HOPE CEMETERY SO
Sales taxes	21.3
	Total Due
	Selance due 7823
I hereby certify I am the and this is your authority to make dispo that I have the right to make this authori- any liability on account of said authorize	of the above named decedent seltion of principes as above indicated. I certify and represent zation and legies to hold Mt. Hope Cemetery harmless from atton and interment.
I hereby authorize the interment in lot I hold under deed.	L'éjie Howard
Bignetium of recorded holder of deed  Form	X (858) 277-4670
Work Order # E 18164	Invoice #
REA-104 (7-96) This in	formation is available in alternative formats upon request.

& Printed on regular paper

Service		EXIE 6407 OSLER ST SD 92111 (619)277-4670	CRE	DIT	DEBIT	BALANCE
12-04	200	3 Opened pre-need trust to include open/close,				
		TS vault handeling fee recording fee and		963.31		963 81
		tan on vault w/ 25% down R-56971 Lu+131 gr 6	2		241 00	722 31
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2/5	4	5-7 R57168		12000		5 20 3/
3/1	04	8-9 57260		150 -		Abba
4/5/0	14	10-12- 57396		100-		32831
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1017	04	16-19 57624		100-		12231
7-4	04	20-24 57751		10031		40
8	1	D/	MD			
	,	landari da la	VIL			
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	-		200			
		MOUNT HOP	CC	TETEDY		
		moon nor	CEN	VEIENA		
_	-		-			

# Atud

## MT. HOPE SEMETERY INTERMENT ORDER

City of San Diego

Date Dec 4,03

You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
a Hnna 13	ragner 204857
ina Liner	_Funeral\date, time Hm 12/8 1:00
Church, Chapel, Graveside	: Kagodala Mortuary.
All Funeral cars must arrive before 200 p.	m. of regular work day or an extra charge of \$
おけい will be applied and billed to undersigned.	
Lot 28 Grave 12 Row_	
Grave space & Care Fund	E 308 -
Additional spaces and care fund	
Opening/Closing & Setup	<u> </u>
Burial Container	<u> </u>
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	<u>-e</u>
Sales taxes	
	Total Due
Pe	tid receipt number
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposit that I have the right to make this authorizate any liability on account of said authorizate	tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I hold under deed.	Signature Address Addr
Signature of recorded holder of deed	Zip Code
Work Order # <b>E</b> 18165	Acct. #

18:54

Atud

## MT. HOPE CEMETERY INTERMENT ORDER

City of Sen Diego

m Olc 4,03

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" Troop	envisory dates table 700 per 18 1:00
Cheston Gravesida	
ul Funeral care must arrive before Table p.is.	ol reguler work day or an extra charge of \$
하다	
at 28 craws 12 Roin	Section 3 Division Blook 12
Grave spaces & Care Fund	E 308 -
Additional apacets and ours fund	***************************************
OpenAng/Clouding & Setup	<u> </u>
Surfal Controlper	<u> </u>
tending Fees	
Power venue - Marker setting fee	
Recording and filing fee	
3-las 14x90	
	Total Due
Paid (	receipt number
	Balance dus —
heretay certify I am the	of the above named deceden
	of ramains as above indicated, I cartify and represent
med this is your suthority to make disposition has I have the right to make this authorization my liability on ecopunt of aski authorization i	n and I agree to hold Mr. Hope Compley herricus from and interment,
gred prio is your pulthority to make disposition that I have the right to make this authorization any lightity on excepting of apid authorization is therein authorize the interment in lot i	and I agree to hold Mr. Hope Company harricon from
hereby certary talk the provided disposition from the year sufficiently to make this sufficience for right to make this sufficience any liability on account of askid sufficients of the sufficient in lot find under deed.	and I agree to hold his. Hope Company harricos from
gred prio is your pulthority to make disposition that I have the right to make this authorization any lightity on excepting of apid authorization is therein authorize the interment in lot i	Toy Shaped to the transmission
and this is your sutherty to make disposition that I have the right to make this subprized any liability on excount of add authorization a thereby authorize the interment in lot I had under deed.	Toy Shared transminers.  They Shared with the transminers transminers.  They Shared with the form of the state of the stat
and this is your sutherty to make disposition that I have the right to make this subprized any liability on excount of add authorization a thereby authorize the interment in lot I had under deed.	Acot. 6

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS





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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	IB. MIDDLE	IC. LAST (FA	UMILY)		YEAR MONTH, DAY, YEAR
SA. CITY OF DEATH	Sah Diego		58. COUNTY O	OF DEATH-OUTSIDE CALIF.		OS R411/29/2003 F OUL MAILING ADDRESS AND ZIP CODE
7A. TYPED NAME AND A Anderson-R	DORESS OF CALIFORN agedale Mor	LUARY, 5050 Fe		7B. CALIF, LICENSE NUMBER —IF APPLICABLE	San Diego, (	A Street
San Diego	, CA 92102			FD-1329	8A. SIGNATURE OF APPLIC	ANT—Person taking permit, 68. DATE SIGNED
ACKNOWLEDGMENT OF A		schnimining as applicant that the propo 1376 of the Health and Salety Code, and y			> Llan Lau	12/04/200
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH FORMA HEALTH AND SAFETY FY FOR THE DISPOSITION SPEC ID RISHT OF DISPOSAL DIFFSIDE OF CALL	CODE	F FEE PAID 96. DATE PERMI 12/04/20 B. Campb	03 2319820	OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSE- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA Ords, P.O. Box CA 92186-5222	85222	9E. ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC	OF DISTRICT OF DISPOSIT OUR IN ANOTHER DISTRICT IN	
10. AUTHORIZED DISP					FOR	CORONER'S USE ONLY
B. CREMATION	SE		F. DISINTERN G. SHEP IN TO	CALIFORNIA CO OUTSIDE OF CALIFORNIA	, XName	ITION PENDING—REMAINS LOCATED A und Address)
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA CE Cemetery, 3751 co, CA 92102		118. DATE BURN	3 Kuns	F PERSON IN CHARGE OF BURIA
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CF	REMATORY	128. DATE CREMA	TED 12C SIGNATURE OF	PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A, NAME AND A	DDRESS OF CALIFORNIA FA	ICILITY RECEIVING REI	MAINS 13B. DATE RECE	IVED 13C. SIGNATURE OF	F PERSON IN CHARGE OF FABILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE 1		RE 148. DATE SHIPE		) SIGNATURE OF PERSON IN CHARGE WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	UREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA			15C. SIGNATURE OF D	

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

E 1816

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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	D. Hey	5 Horden				
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	childre	Brogre	x			
			Cardenas	Drapeou		
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	neck Initia	^ _	Pain	0.0	Date:	12/4
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nterme	nt space fo	or. An	na 18 1	Pyrae Time:	ner iw	
nterme	nt space fo	or. An	na 18 1	Pyrae Time:	ner iw	
nterme nterme Div: 10	nt space for nt Date; __ Sect:	or: An Mon 12 3 BI	19 T	Evrace  Time: Lot: 2	ner iw	
nterme nterme Div: 10 Grave L	nt space for nt Date:	or. An	na 18 1 k/Row:_ a_fe	Evrace Time: Lot: &	ner iw	- Gr: 12

	SOUTH THE STREET	CEMETERY	(Salaman)	
2.0	INTERME	NT ORDER	\$30 market	
D13	City of	San Diego	Pate 12	4/03
You are hereby authorized	and instructed, subje	on your roles and	regulations, to im	ter the Ans
of Denhichi	-	1) + Chik	a Nako	ushima
in a Ash	yoult- For	neral, date, time 7		9:00
Church, Chapel, Graveside		:a/u	muos	Mortuary.
All Funeral cars must arrive	before 3:30 p.m. of	regular work day or	an extra charge o	of \$
will be applied and billed to	undersigned.			
Lox_4477Grave_	Row	Section	Division/Bit	<u>Ol</u> .
Grave space & Care Fund	······			
Additional spaces and care	fund			382
Opening/Closing & Setup Burial Container	PAI	D		
Handling FeesFlower vades - Marker set	ting fee DEC 8 4	2003		i e
Recording and filing fee	OUNT HOPE	CEMETERY		
*	Paid red	Total	56972	365 -
	Am	m	Balance due	0
I hereby certify I am the _\frac{1}{2} and this is your authority to that I have the right to make any fiability on account of a	make disposition of	nd I scree to hold M	of the above no indicated. I certify it. Hope Cemetery	and represent
I hereby authorize the inter- hold under deed.	727 438 ment in lot I	/ Marian	nakeshur Kellon	
amy n nakash	lem		a Cal.	
Dank	है। ५७७	City .	461-819	Zin Cod
15	siqua	Invoice #		
Work Order # E 18	3166	Acct. #		

REA-104 (7-96)

This information is available in alternative formats upon request.



### THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF ( Denhichi Nakashima )

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of (Denhichi Nakashima) 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 (Derhichi Nakashima) 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 (Denhichi Nakashima ) is identified as:

Lot 4477

Grave 1

We acknowledge that we have been advised that the remains of

Section

Division 10

(Denhichi Nakashima) may not be present and/or intact.

| Solognan | Solognan | Solognan | Solognan | Solognan | Solognan | Signature(s) | Relation to deceased

| WITNESSED BY | 12-4-03



State of California	Y	00000
County of San Dreys	} ss.	an and a
On 12-4-63 , before me,	Toen - A-Woi , WT. Name and Tille of Offiger leg. Jane Doe, No. boeu Nakaskima	Dey Public
personally appeared Vo-Ness 170	Name(s) of Signer(s)	, ,
	personally known to me proved to me on the basis evidence	of satisfactory
TJEN-A-LOOI Cemmission # 1319679 Notary Public - California San Diego County My Comm. Expires Sep 30, 2005	to be the person(s) whose subscribed to the within is acknowledged to me that he/st the same in his/her/the capacity(jes), and that be signature(e) on the instrument the entity upon behalf of which acted, executed the instrument	nstrument and  e/they executed  authorized  y his/her/their  the person(s), or  the person(s)
Place Notary Seal Above	WITNESS my hand and official	Seel.
oi	PTIONAL -	
Though the information below is not required by la and could prevent fraudulent removal as	nw, it may prove valuable to persons relying and reattachment of this form to another doc	on the document g
Description of Attached Document	distable and the	Dankert Ballo
Title or Type of Document:	construction of	Cot 4477
Document Date: 12-9-03	Number of Pages: _	14100
Signer(s) Other Than Named Above:	1/19	
Capacity(ies) Claimed by Signer		23.00
Signer's Name:		RIGHT THUMBPRINT STREET STREET
☐ Corporate Officer — Title(s):		Top of thumb here
□ Partner — □ Limited □ General		2
Attorney in Fact		3
☐ Trustee ☐ Guardian or Conservator		8
Other:		RIGHT THUMBPRINT OF SIGNER Top of thumb here
Signar le Pontagatina		0.00%
Signer Is Representing:		<u> </u>



### THE CITY OF SAN DIEGO

### LETTER OF APPROVAL FOR DISINTERMENT OF Shizu Nakashima

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Shizu Nakashima 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 Shizu Nakashima and all expenses of investigating and defending against same; provided, however, that the undersigned's duty to indemnify and hold harmless shall not include any claims or liability arising from the established sole negligence or willful misconduct of the City of San Diego, its agents, officers, or employees.

The burial site for (insert name)	is identified	as:	Shizu Nakas	hima	
Lot 4477	Grave	1	Section	Division	10
We acknowledge that we may not be present and/or		adv	ised that tl	ie remains (	of (insert nam
James M. Makas			-	2 con	
-			_		
SIGNATURE(S)		RELATION TO DECEASED			
Runda Hitz	Q		_		
WITNESSED B	Y				
T 11 00					



Mt. Hope Cemetery

DATE



### THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF ( C

Chika Nakashima

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of (Chika Nakashima) 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 (Chika Nakashima) 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 ( Chika Nakashima ) is identified as:

Lot 4477

Grave 1

Section

Division 10

We acknowledge that we have been advised that the remains of (Chika Nakashima ) may not be present and/or intact.

Fran TA T/shal

James n nat as him

5010

Trustee sun

News SIGNATURE(S)

Jose Havin

RELATION TO DECEASED

WITNESSED BY

12-4-05 DATE



## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of Californ	151)	1
County of 👤	JAN DIEgo	SS.
county of	J. 10 E . C. 10	
	•	~ · · · · · · · · · · · · · · · · · · ·
on 12 - E	1 -03 , before me,	Tolon - A-Wol , NOTARY P.450 , Name and Title of Officer (e.g., Jane Doe, Notary Public)
d	M6 T	Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appe	eared Janus K	Jobocy Nakashma.
		personally known to me  proved to me on the basis of satisfactory
		evidence
		to be the person(s) whose name(s) is/are
		subscribed to the within instrument and
		acknowledged to me that he/she/they executed
		the same in his/ber/their authorized
	TJEN-A-LOOI	capacity(ies), and that by his/ber/their signature(s) on the instrument the person(e), or
	Commission # 1319679	the entity upon behalf of which the person(e)
\$ 12 m	Notary Public - California \$ San Diego County F	acted, executed the instrument.
N	fy Comm. Expires Sep 30, 2005   ✓	The state of the s
		WITNESS my hand and official seal.
		A FT
\$260	C SECON IN AWAY	7000
Pts	ace Notary Seal Above	Signature of Notary Public
		PTIONAL
Though the info	TO CARPOR AND THE WAY WANTED	law, it may prove valuable to persons relying on the document
		and realtachment of this form to another document.
Description of	Attached Document	
Title or Type of D	ocument: Letter o	1 approval to discovering
5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Of Chile Destina Nakasi
Document Date:	12-4-03	Number of Pages: 1+10th
	WORK 48% DES	
Signer(s) Other T	Than Named Above: _ µ/	<i>★</i>
		3
Capacity(ies)	Claimed by Signer	
signer's Name:	21110 / 40010	RIGHT THUMBPRINT OF SIGNER
Compensation	icer Title(e):	Too of thumb here
Partner —	Limited     General	
Attorney in Es	ect	
Toucton		8
HUSIER	Conservator	<b>§</b>
Guardian or C		
☐ Guardian or C ☐ Other:		X
Guardian or C		RIGHT THUMBPRINT OF SIGNER Top of thumb here

## MS

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

	- 10	V	the same
Date	12	4	03

Mark Control of the C	220431
	subject to your rules and regulations, to inter the remains
ine Ash Vauct	Funeral, date, time Mon 'DC 9:00
Type of Burlal Container Church, Chapel, Graveside	:Greenwood Mortuary.
All Funeral cars must arrive before 3:30 p.r	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 447 Carave 1 Row_	Section Division/Bitock_
Grave space & Care Fund	
Additional spaces and care fund  Opening/Closing & Setup	385
Opening/Closing & Setup	PAID
Burial Container	
Handling Fees	DEC 0 4 2003
Flower vases - Marker setting fee	
Selectores	T HOPE CEMETERY
Ne's	Jotal Due
	ld receipt number +300 1 365
NI- 20 2	Balance due
I hereby certify I am the Amus and this is your authority to make dispositi that I have the right to make this authorization itself to make the authorization is also authorization.	n nakas huma of the above named decedent ion of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I	8 James M Natashim
hold under deed.	15840 Kelton Cive
Signature of recorded holder of deed	La musa, Ca. 91942
	\$ 619) 461-8190 20000
Van-	
F 18167	Invoice #
Work Order # E 18167	Acct. #

1



#### LETTER OF APPROVAL FOR DISINTERMENT OF ( Sam Isami Nakashima

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of (Sam I. Nakashima ) 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 (Sam I. Nakashima ) 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 ( Sam I. Nakashima ) is identified as:

Lot 4476 Grave 1

Section

Division 10

We acknowledge that we have been advised that the remains of ( Sam I. Nakashima ) may not be present and/or intact.

WITNESSED BY

12-4-03



#### CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	Y .
2 ~	ss.
County of JAN VO. ego	<u>₩</u> 589
On, before me,	Name and Title of Officer (e.g., "Jane Dide, Notary Public")
personally appeared James 100	Hory Walashima
Andrew Andrew (Andrew Co. Andrews (2000) (1990) — Andrews (2000) (1990) (1990) (1990) (1990) (1990) (1990) (19	Name(s) of Signer(s)
	personally known to me
	roved to me on the basis of satisfactory
	evidence
	to be the person(s) whose name(s) islare
	subscribed to the within instrument and
-	acknowledged to me that he/she/they executed
TJEN-A-LOOI	the same in his/her/their authorized
Commission # 1319679 Notary Public - California	capacity(ies), and that by his/her/their
San Diogo County	signature(e) on the instrument the person(e), or the entity upon behalf of which the person(s)
My Comm. Expires Sep 30, 2005	acted, executed the instrument.
	belog, excepted the instrument.
	WITNESS my hand and official seal.
	CIL LATON
	Signature of Notary Public
Place Notary Seal Above	agniture of Notary Public
OF	PTIONAL ————
17740	w, it may prove valuable to persons relying on the document
and could prevent fraudulent removal an	d reattachment of this form to another document.
Description of Attached Document	
Title or Type of Document: Letter 0/	approval for disinteramen
(0.12	Som Isan Nalaskin Hofen Holen
Document Date: 13-4-07	Number of Pages: 1-+ 1
	<b>*</b>
Signer(s) Other Than Named Above:	
Capacity(ies)-Claimed by Signer	7
Capacity(ies) Claimed by Signer Signer's Name: James N. Makas	ALINA RIGHT THUMBPRINT
XIndividual /	OF SIGNER Top of thumb here
Corporate Officer — Title(s):	Sport State lies
☐ Partner — ☐ Limited ☐ General	
∆ttorney in Fact	
☐ Trustee	
Guardian or Conservator	
Other:	
Signer Is Representing:	
TO MISSON OF STREET OF THE STREET OF	

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Dette 12/4/03

	203883
Holen To	bject to your rules and regulations, to infer the remains
a	Funeral, date, time Mon 186, 9:00
Type of Barlel Container Church, Chapel, Graveside	GREENWOOD Morrusry.
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 4474 Grave 1 Row	Section Division/Block_
Grave space & Care Fund	-0.C -
Additional spaces and care fund	<u> 083</u>
Opening/Closing & Setup	
Burlai Container	AIJ
Hendling Fess	
Hendling Fees	0.4 2003
Recording and filing fee	
Recording and filing fee	PE CEMETERY 3
01-07-04 A11:50 I	receipt number R 5 (6972 385
221438	Balance due
I hereby certify I am the James h	Nakushime of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicated. I certify and represent
I hereby authorize the interment in lot I	Dames n. nataskine
hold under deed.	\$ 58 40 Kellon Cive
Signature of recorded holder of dead	The Mass Ca 91942
	CHY 619 1461-8196 ZED COOK
Pam	Telephone
- 40446	Invoice #
Work Order # E 18168	Acct. •



#### THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF ( Helen Yoshie Tsuchida )

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of (Helen Y. Tsuchida ) 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 (Helen Y. Tsuchida ) 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 (Helen Y. Tsuchida ) is identified as:

Lot 4474 Grave 1

Section

Division 10

We acknowledge that we have been advised that the remains of (Helen Y. Tsuchida) may not be present and/or intact.

URE(S)

gese Marin

WITNESSED BY

12-4-03



Mt. Hope Cemetery

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

Sampled SANDO	Name and Title of Officer (e.g., "Jane Doe, Notary Mublic")    Document   Doc
county of SAN Grego	J
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
on 12-4-03 before me.	TIEN-A-LOOI, NOTARY PUBLIC
Date	Name and Title of Officer (e.g., "Jane Doe, Notary Mublic")
ersonally appeared James No.	boku Nakaslina
	Name(s) of Signer(s)
	☐ personally known to me
	proved to me on the basis of satisfactory
	evidence
	to be the person(e) whose name(s) is/are
	subscribed to the within instrument and
parameter than a second	acknowledged to me that he/she/they executed
TJEN-A-LOOI	the same in his/her/their authorized
Commission # 1319679	capacity(ies), and that by his/bor/their
Notary Public - California San Diego County	signature(e) on the instrument the person(e), or
My Comm. Expires Sep 30, 2005	the entity upon behalf of which the person(s)
	acted, executed the instrument.
	WITNESS my hand and official seal.
	A 0 180
Place Notary Seel Above	Signature of Notary Public
	PTIONAL —
	law, it may prove valuable to persons relying on the document
and could prevent fraudulent removal	and reatfachment of this form to another document.
escription of Attached Document	
itle or Type of Document: (atten of	appeaush of divinterment of
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ocument Date: 10-4-03	Number of Pages:
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apacity(iee) Claimed by Signer igner's Name and M. Makash Individual	RIGHT THUMBPRINT OF SIGNER Top of thumb here
Individual  Corporate Officer — Title(s):	Umu RIGHT THUMBPRINT OF SIGNER Top of thumb here
apacity(ies) Claimed by Signer igner's Name: Arms	RIGHT THUMBPRINT OF SIGNER Top of thumb here
apacity(ies) Claimed by Signer igner's Name: Arms M. Wakushi Individual  Corporate Officer — Title(s):  Partner — Limited □ General  Attorney in Fact  Trustee	RIGHT THUMBPRINT DF SIGNER Top of thumb here
apacity(ies) Claimed by Signer igner's Name: Arms	RIGHT THUMBPRINT OF SIGNER Top of thumb here
Partner — ☐ Limited ☐ General  Attorney in Fact  Trustee	OF SIGNER V

Secretarios es estados estados estados estados estados estados en estados en estados en entra entra en entra entra en entra en

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

At Need

City of San Diego

Date 12-4-03

36,455.5					
You are hereby authorize		subject to your n	ules and reg	ulations, to in	ter the remains
a	cque	BILC	00	1291	
ina Line	The state of the s	Funeral, date,	time M	iday D	ee 12th 11
Church, Chapel, Gravesi	The state of the s	520000000000000000000000000000000000000	CAR	URIAL	Mortuary.
All Funeral cars must arr	tve before 3:30 p	.m. of regular work	k day or an	extra charge	of \$
will be applied and billed	to undersigned.				
Lot <u>228</u> Grave_				_ Division/Bi	980
Grave space & Care Fun	d				
Additional spaces and ca	ere fund				1112 00
Opening/Closing & Setup	p				413.00
Burial Container		DA	n_		204.00
Handling Fees			<u> </u>		16000
Flower vases - Marker s	etting fee	DEC 0 4	2005		
					50.00
Sales taxes	MOU	NT HODE			16.20
			EMETE	RY	1833.20
		aid receipt numbe	. R-	56973	183320
		aro receipt numbe		and the street of	-
	davale	4		Balance due	
I hereby certify I am the and this is your authority that I have the right to me any liability on account o	to make disposi	tion of remains as	s above Indi	of the above noticed. I certificated. I certificated.	amed decedent y and represent y harmless from
Ven us /3: I hereby authorize the in hold under deed.	And the second s	Signature	8661	Pac L	or_
Signatum of recorded halder of deed		Car 6/0	nng V	alley 1	CA 9197 200000
Zulatta		Select Pare			
ICC.	18169	Invoice Acct. #			
REA-104 (7-96)	This info	ormation is availa	ble in alten	native format	a upon request.

O Printed on recycled paper

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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

		DIXON		Gutier
	<b>X</b> , 4, 5			
	Rives			
Blind Check Initiated	Jacque Bi	rl		
nterment Date: <u>  2   </u> Div: <u>  2</u> Sect: Grave Laid out by: <u>4</u>	1.3		28	mape Gr:_/
	rd: ÆLYes	· · ·	<b>S</b>	motion

Blind Check & Verified By: M. Austranov Date: 18

#### **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**

E18169

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

1A. NAME OF DECEDI	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
JACQUES	- 10	EDWARD	BIRL			02/08/1947	12/62/2003	K
SAE DIEGO			5B. COUNTY OF DEATH ENTER STATE SAN DIEGO			ORMANT VERUS	IAILING ADDRESS AN BARNETT-DAU	
CALIFORNIA	BURIAL CH	IA-FUNERAL DIRECTOR OR PERSON / APRIL ATTOMAL CITY CA 91	— IF AI	PPLICABLE	91977	TURE OF APPLICANT—	NAME TO A PROPERTY OF THE PARTY	1
ACKNOWLEDGEMENT OF		nowledge as applicant that the proposed disposition sta and Befety Code, and was authorized pursuant to Sec			<b>&gt;</b>		12/	04/2003
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHORI- I SPECIFIED IN THIS PERMIT, DIRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT 12/04/2 V. MITCH	2003	2319841	REGISTRAR ISSUING P	EPMIT
ANY CHANGE IN DISPOSI- TYON REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION	IF DEATH OCCURE	EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA CAPS - 2186 3222 852	IF DIS	IESS OF REGISTRAR POSITION IS TO OCCUP		FOF DISPOSITION		
B. CREMATION C. DISPOSITION OF THAN IN A CEME	F CREMATED REMAINS ( TERY	-4	E TEMPORARY ENVAULTM F DISINTERMENT G SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE C	OF CALIFORNIA	, k	(Name and Address)	* **	
BURIAL	HT HOPE	The state of the s		118. DATE BURIE		Xaune H	ON IN CHARGE OF B	JRIAL -
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMA	ATED 120	SIGNATURE OF PERS	ON IN CHARGE OF C	REMA
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	13B, DATE RECEI	VED 130	. SIGNATURE OF PERS	ON IN CHARGE OF F	ACILITY
TRANSIT OOW		DORESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		148. DATE SHIPPI	ED 140	ADDRESS AND SIGNA OF PLACING WITH TH		ÇÊARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAD EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	158: DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI	TION CREMATED	E NUMBER OF REMAINS DIS- 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

Atrud

City of San Diego

· rua	Date 2 4(03)
Mark I No	bject to your rules and regulations, to inter the remains
no Liner	Funeral, date, time June 129 9:00
Church, Chapel, Graveside 00	Dy : Bouy Ow Mortuary.
All Funeral cars 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 3 Row_	Section Division/Block
Grave space & Care Fund	<u>985</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>413</u>
Burlal Container	209
Handling Fees	AD 0 160
Flower vases - Marker setting fee	1 200103
Recording and filling fee	M324 50
Sales taxee	HOPE CEMETERY 16.20
was de la mont	Total Due
	receipt number 251841 1833 30
	Balance due
I hereby certify I am the hand this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization any liability on account of said authorization.	of the above named decedent n of remains as above indicated. I certify and représent n and i agree to hold Mf. Hope Cemetery harmless from and interment.
heraby authorize the interment in lot I	X 1.ex
hold under deed.	Le Jal
Signature of recorded holder of deed	Tolephone Zap Ceda
An.	Invoice # 3590839
Work Order # E 18170	ACCT. # 000952
	ada la sullata la dispositiva de sulla

2/64-2883 83118P FROM:

MT. HOPE CHMETERY

#### INTERMENT ORDER

rud	- 0 4103
You are handly autoriting and hypothesis as	ablest to your ridge and remissions, to liter the nations
APPROVED TO T	Personal date and June 1249 9:00
Classeds, Chapad, Grannights	
and be improped and billed to understand	
Grave galaxy & Case Rand	Sention Distributions S
Additional appears and earn fund	MINESTEARIUS  MANUAN
Opening/Cleaning & China PUBLIC OF Build Company & China PUBLIC OF Build Company State Public	HADIAN PORTE PARTE
Flower values - bission seeing too	
Recording and illing les	, <u>\$\infty\$.00</u>
Moures de Do Jeps	Marchal Markhan
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and this is your authority to make disputation that I from the sight to make this make trans- copy bability on account of maid accountable.	of no opening the second indicated. I careful each represent to second in agree to hold life. Hope Connectory fractions from and intermediate.
I healthy authorize the laterment is fet ? light tricky deed.	<b>}</b>
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Wasters E 18170 .	lest 4
ment of the lefeton	witers to expelled the education describes appet Political.

marco Fax to 85% 277-7840

#### MT HOPE CEMETERY

#### **GRAVE BLIND CHECK FORM**

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

the bu	rial space.				à.	
	Veinheiek					
	Jean	X	<b>x</b>			
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Interm Interm Div: <u>\</u>	Check Initiate ent space for ent Date: Sect: Laid out by:_	:_ <del> \</del> \u2\\ \BI	WROW: _	Wer ime: Lot:	3+ G	) Gr. <u>3</u>
Agree: Agree:	Laid out by:_s with Legal ( with Map: (	ard: ☐	Yes 🖸	No lo	flag ov	) Le
	Check & Veri		1		5	12-4-0

#### **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**

E18170

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

A. NAME OF DECEDENTFIRST (GIVEN) 1B. MIDDLE		1C. LAST (FAMILY)	MONTH 047 1932 MONTH 2047 YEAR 11/24/2003				003 M	
BAYVIEW C	ADDRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERSON. L, 7510 CLAIREMON. , CA 92111	R MESA - IF	N DIEGO	MARCO 5201- SAN 1	AELATIONSHIP, FULL- FORMANT O DE LA TOBA -A RUFFIN RI DIEGO, CA 92 ATURE OF APPLICANT-	- PUBLIC 2123	GUARDIAN
ACKNOWLEDGEMENT (		owledge as applicant that the proposed disposition at and Safety Code, and was authorized pursuant to Sec			★ \ (	(maning		14/2013
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. PRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$13.00	98. DATE PERMIT 12/04/20 R.MARTI	003	BC. SIGNATURE OF LOCA 2319829	L REGISTRAR ISSUI	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH OF DEATH OCCURRED IN CALIFORNIA BOX 85222					IICT OF DISPOSITION — HER DISTRICT IN CALIFORNIA		
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC U	OF CREMATED REMAINS OF CRE	DRESS OF CALIFORNIA CEMETER  EMETERY 3751 MAR		A	D 110	DISPOSITION PER (Name and Address		797.491.0 m <b>8</b> 40.0
CREMATION	White State State	ODRESS OF CALIFORNIA CREMATO	DRY	13 - 9- 0 128, DATE CREM	13 NATED 120	SIGNATURE OF PER	SON IN CHARGE	OF CREMATION
SCIENTIFIC	13A. NAME AND AD	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECE	IVED 130	C. SIGNATURE OF PER	SON IN CHARGE	OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR ( CREMATED REMAINS ARE TO BE		14B. DATE SHIPF	PED 140	C. ADDRESS AND SIGN OF PLACING WITH T	AND THE RESERVE OF THE PARTY OF	ON IN CHARGE
SCATTERING/BURI AT SEA OR DISPOSITION OTHE THAN IN A CEMETE	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR D IDENTIFY FINAL PLACE AND CA D EA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	158. DATE OF N. DISPOSITIO	400	C. SIGNATURE OF PER CHARGE OF DISPOS	SITION CREMA	CENSE NUMBER OF TED REMAINS DIS — IF APPLICABLE

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

# Atud

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 12/5/03

You are hereby authorized and instructed, sub	start to your pulse and socialists	terrore a constant
(1000 G	index to your rules and regulations, to	825
. 00	110013	TIO IVE
Type of Burial Congress	uneral, date, time	10
Church, Chapel, Gravesidet Cuntoun	Flire Koosoo	Mortuary.
All Funeral cars must arrive before 3:00	of regular work day or an extra charg	e of \$
will be applied and billed to undersigned		
Lot 155 Grave 12 Row_	Section Division/	Block 12
Grave space & Care Fund		<u>485</u>
Additional spaces and care fund		
Opening/Closing & Setup	ΔID	413
Burial Container	AID	" TIR-
Handling FeesDEC	0.5 2003	352
Flower vases - Marker setting fee		
Recording and filing fee MOUNT H	OPE CEMETERY	
Sales taxes	V V-111-1-11	= 30 HO
	Total Due	D) 036
Paid n	sceipt number	200,40
	Balance d	ue <del>O</del>
I hereby certify I am the Long and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I cer and I agree to hold Mt. Hope Cernet	named decedent tify and represent ery harmiess from
eny liability on account of said authorization a	/ // - 1/	C. arles
I hereby authorize the interment in lot I hold under deed.	Sollecterna F	1 St.
	Address Diego (	PA 90112
Signature of recorded holder of deed	\$ 619-262-18	18 Zp Code
tam	v. Telephone	
<b>m</b> 40474	Invoice #	
Work Order # E 18 171	Acct. #	

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

				198
		Dolph	FL	
		West	x	Bettan
			Dixon	
				777.05.5
nterme	ent space f	for: C	tem (	
nterme nterme	ent space f	son: Co	LO Time:	Silder
nterme nterme Div: <u>12</u>	ent space fent Date:_ Sect	for:	LO Time:	Sildor 11:00 ot: 155 Gr: 18
Interme Interme Div: 12 Grave I	ent space f ent Date:_ Sect Laid out by	for: C)  1 ool 1  2 BI  2 Ken	(LO Time:	11:00 ot: 155 Gr: 12

-18171

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT_FIRST (CIVEN)	18. MIDDLE	1C. LAST (FA	ME V	2. DATE OF BIRTH 3. DATE OF DEATH 4. S
Cleon	inor tarent	-	Gilde	1019-08.11	04/23/1921 12/03/2003 M
A. CITY OF DEATH	ula Vista		5B. COUNTY C	F DEATH—OUTSIDE CALIF San Diego	
			OR PERSON ACTING AS SUCH	78. CALIF. LICENSE NUMBER	
San Diego	, CA 92102			FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIG
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that to 376 of the Health and Salety Co	the proposed disposition stated herein is de, and was authorized pursuant to Section	one of the dispositions authorized by 7100 of the Health and Safety Code.	>1 land days ell 12/08/2
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE V FORMIA HEALTH AND SA TY FOR THE DISPOSITION IN MIGHT OF BESPESAL OUTSIDE	N SPECIFIED	F FEE PAID 98. DATE PERM 12/09/2 B. Campl	MIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PER 2003 2320039 be11
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRIC ED IN CAUFORNIA Ords, P.O. E CA 92186-5	Box 85222		AR OF DISTRICT OF DISPOSITION— COUR IN ANOTHER DISTRICT IN CALIFORNIA
O. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	W. W	In the same of the	FOR CORONER'S USE ONLY
B. CREMATION		AINS OTHER	F. DISINTERM	RY ENVAULTMENT ENT CALIFORNIA O OUTSIDE OF CALIFORNIA	I DISPOSITION PENDING—REMAINS LOCATE (Name and Address)
BURIAL	Mt. Hope	Cemetery, 3 c, CA 92102	NA CEMETERY 3751 Market Str	118. DATE BURI	
CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			NIA CREMATORY	128. DATE CREM	MATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI
SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORN	NIA FACILITY RECEIVING REN	IAINS 138. DATE REC	EIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILIT
TRANSIT		DORESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHEE ARE TO BE SHIPPED	TE 148, DATE SHIP	PPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHAP OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER DESCRIPTION SUF- DISPOSITION OTHER THAN IN A CEMETERY  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- PROPERTY OF DISPOSITION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- PROPERTY OF DISPOSITION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- PROPERTY OF DISPOSITION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- PROPERTY OF DISPOSITION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- PROPERTY OF DISPOSITION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- PROPERTY OF DISPOSITION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION  15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION  15A. ADDRESS POINT ON					ON CHARGE OF DISPOSITION 15D, LICENSE NUMB OF CREMATED MAINS DISPOSE  IF APPLICABLE

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

REA-104 (7-98)

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed	subject to your rules and regulations, to Inter the remains
or Killard	Levesen.
in a DO Cargot	Funeral, date, time 1712 2:00
Church, Chapel Graveside	: Feathering 1] Mortusary.
	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot Grave	Section   Division/Bleck
Grave space & Care Fund	485-
Additional spaces and care fund	
Opening/Closing & Setup	413-
Burial Container	1119 418-
Handling Feet	5 2003
	- 2005
Recording and filing IMOUNT-HOP	E C-METER - 50 -
Salee taxee	2, 40
	Total Due
Pi	aid receipt number 470f7 1 3000 140
	Balance due
I hereby certify I am the X	of the above named decedent
and this is your authority to make disposithat I have the right to make this authorizate any liability on account of said authorizate	tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from on and intermetit.
I hereby authorize the interment in lot I hold under deed.	Afterfer Sleen
Paw	Address 44345 Temers 149 92107 Sty SB. Ca. Telephone 19-223-0446
Work Order # E 18172	Acct. #
REA-104 (7-96) This info	rmation is available in alternative formats upon request.

O Printed on recycled paper

= E1817Z

#### 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.

- TO THE STATE OF	markers al space.	n the app	ropriate sp	ace(s) tha	t are adja	cent to
	1	1			7	
		1				
			Park	Dougson		
	Peru	·	x	Downer)		
	- ε	Engle	éricson	GI West		
Interme	nt space f	1000	tan chard		_ Date: HESON	
Div: <u>↓</u> Grave L	aid out by	Morm	Ik/Row:	Lot: _		ir <u>(</u>
Agrees	with Lega	Card:	Yes [	J No J	)	
					ag m	wee,
Blind Cl	heck & Ve	erified By:	men	edinos	pate:	0/4/12

#### FOLLOWING DATA TRANSCRIBED FROM NAVPERS-553, NOTICE OF SEPARATION,

Serial or file number

FF 34 35

Date and place of birth

15/80/31 Somerville, Somerset, New Jersey

Date of entry into active service

1 /15/02

Highest rank or rating hald

3. (1. 7. 2.2/2/45)

Service (vessels and stations served on)

-5 11 to

LOT TO RECEIVEL, LALE.

Use ANYMACHIM

Remarks

In wellence of Jovernment

American Acres Trans on New 1

tota er T lever soul

V. D. DU E, LT. CC. MANDER . U.

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18 E 1817Z

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

o T	A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
	Richard	Dambel.	Levesen	10/20/1925 12/04/2003 M
272	San Diego	is a	58. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	OF INFORMANT
	Featheringi	coness of california—funeral director or person LLL Mortuary Jon Blvd., San Diego, CA 9211	-IF APPLICABLE  15 FD1083	San Diego, CA 92107  8A. SIGNATURE OF APPRICANT—Propositions perms, 8B. DATE SIGNED.
	ACKNOWLEDGMENT OF AF	Section 10376 of the Health and Safety Code, and was author	osition stated herein is one of the dispositions authorized i except perseant to Section 71,00 of the Health and Safety Code.	100 100
	PERMIT  UTHORIZATION 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, MOTE: THIS PERMIT ONES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	12/08/	2003 2319992
d	NY CHANGE IN DISPOSI- TION REQUIRES A NEW FEMUT TO SHOW FINAL DISPOSITION.	PO Box 85222, San Diego, CA 92186-5222		RAR OF DISTRICT OF DISPOSITION— DCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	A BURIAL (INCLU		, E. TEMPORARY ENVAULTMENT F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFOR	FOR CORONER'S USE ONLY  I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	DUNML	It. Hope Cematery, 3751 Mari		
m		San Diego, CA 92102	12-12	03: Marie
BLE ITEMS		San Diego, CA 92102  124. NAME AND ADDRESS OF CALIFORNIA CREMATI	A Company of the Comp	MATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
LL APPLICABLE ITEMS		COCK TANAN DOLLAND AND ADMINISTRATION OF THE PARTY OF THE	ORY 128 DATE CRE	ill Al ac-
OMPLETE ALL APPLICABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATI	ORY 128, DATE CRE  / RECEIVING REMAINS 138, DATE RE  COUNTRY WHERE 148, DATE SH	MATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION  CEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

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

## MT. HOPE CEMETERY INTERMENT ORDER

Atual

REA-104 (7-96)

#### City of San Diego

Date_12/8/03

Jennie B	reautoye - Logan	5
liner	Funeral, date, time Man 321	COO 8
Type of Buriel Container	C10:	7/2/2 - 00
Church, Chapel, Graveside	- : Ellayon	Mortuary.
All Funeral cars must arrive before 139 p.m	n. of regular work day or an exita charge	of \$
will be applied and billed to undersigned		
Lot 390 Grave \ Bow	Section Division/B	8
	2 2777	<u> </u>
Grave space & Care Fund	0 5113	
Additional spaces and care fund		
Opening/Closing & Setup		413-
Buriel Container	DAID	309-
Handling Fees		160-
Flower vases - Marker setting fee	DEC 0 8 2003	. —
Recording and filing fee		. <u>50</u>
Sales taxesMOUN	NT HOPE CEMETERY	16.00
	Total Due	843.2C
-90-04	O GOOD	8402 20
Pak	d receipt number 1207 80	A
• • • •	Balance due	
I hereby certify I am the X day	Ter of the above r	named decedent
and this is your authority to make disposition that I have the right to make this authorization	on of remains as above indicated, I certif	ly and represent
any liability on account of said authorization	and interment.	)
	X Elena B. Col	eman
I hereby authorize the interment in lot I hold under deed.	Streture 2 mm Consens	5:10 A.
	Address ( CAS as)	102-19
Rigneture of recorded holder of deed	VEL CARDO CA	492019
	* (619) 588-119	7/
	Invoice #	
Work Order # E 18173	Acct. #	
TION CITOT Y	MON. P	

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This information is available in alternative formats upon request.

(DOLLARS)



#### CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

## Deed

#### OWNERSHIP AND INTERMENT PRIVILEGES

for the sum of \$

AS DESCRIBED ON PURCHASE ORDER NUMBER
According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or 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 atural causes of deterioration, but reserves the right to remove any object that detracts from the embellish-

2 X 1 Flush Marker Only

Cemetery Manager

Jennie Beauloye

LEGAL DESCRIPTION Lots 389 & 390 Sec 1 Div 8

ment of the Cemetery. The following type of memorial will be permitted:

Park and Recreation Director

240.00

#### 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.

			Elliott			
	tohnson	Beardery	x	Henning	Henning	2 06
			3Chumann			
	neck Initiate	A CONTRACTOR OF THE PARTY OF TH				
nterme	nt space fo	(an . 12	-\8_T	ime:	3900	
iv: 8	Sect:	( DIK	JENOVY.	LUL.	0 10 6	125
	Sect:_	1.00			<u>0 10</u> G	• — —

Blind Check & Verified By: M. Conton work Date: 1/8/6=

Agrees with Map: Yes

= 18173

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDOLE	IC. LAST (FA	MILY			OF DEATH 4. SEX
	EUGENIE	-	BEAULA	YE-LOGAN		12/10/1909 11/2	8/2003 F
5/	CITY OF DEATH	***		OF DEATH-OUTSIDE CALIF.,	6. NAME,	RELATIONSHIP, FULL MAILING AL	The state of the s
	EL CAJON		ENTER ST	SAN DIEGO		ORMANT COLEMAN - DAUGH	TER
71	. TYPED NAME AND A	IDRESS OF CALIFORNIA-FUNERAL DIRECTO	OR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER	A STATE OF THE PARTY OF THE PAR	GREENFIELD DR	The State of the S
	EL CAJON	MORTUARY		IF APPLICABLE	EL C	AJON, CA 92019	
	684 S MOL	LISON AVE/EL CAJON, C	A 92020	FD-1022	8A. SIGNA	TURE OF APPLICANT—Ferson taking a	HEINE BE DATE SIGNED
	ACKNOWLEDGMENT OF A		it the proposed disposition stated herein is Code, and was authorized pursuant to Section	7100 of the Health and Safety Code.		710000	15/03/03
7	PERMIT UTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE SIONS OF THE CALIFORNIA HEALTH AND AND IS THE AUTHORITY FOR THE DISPOSIT IN THIS PERMIT.	SAFETY CODE TON SPECIFIED	12/03/20	03	2319746	STRAR ISSUING,PERMIT
	OCAL REGISTRAR	NOTE: THIS PERMIT GMES NO MIGHT OF RESPOSAL DUTS	The state of the s			<b>&gt;</b>	
1	IY CHANGE IN DISPOSI- ION REQUIRES A NEW BEAUT TO SHOW FINAL DISPOSITION.	P O BOX 85222  SAN DIEGO, CA 921		9E. ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	
10	. AUTHORIZED DISP	DSITION(S) CHECK APPLICABLE ITEMS	100-3222	72	-	FOR CORONER'S	USE ONLY
	B. CREMATION	COMPANIES AND CO	F. DISINTERM G. SHIP IN TO		8	I. DISPOSITION PENDING (Name and Address)	REMAINS LOCAT
	BURIAL	MOUNT HOPE CEMETREY, SAN DIEGO, CA 92102	, 3751 MARKET ST	118. DATE BURIE	die I	SIGNATURE OF PERSON IN C	CHARGE OF BURIA
APPLICABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFO	RNA CREMATORY	12B. DATE CREMA	TED 12C	SIGNATURE OF PERSON IN C	
ALL APPLIC	SCIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFO	RNIA FACILITY RECEIVING REI	MAINS 13B DATÉ RECE	IVED 13C	. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
COMPLETE /	TRANSIT	14A. NAME AND ADDRESS IN RECEIVE REMAINS OR CREMATED REMAIN N/A		E 148. DATE SHIPP	ED 14C	ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
_	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHO FICIENT TO IDENTIFY FINAL PLACE				SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150 LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	200
M.	Need
HI	1

ru mego				***************
ALCOHOLD STATE		12	0	103
	170-00-		מו	U -

Ne	Date	14/8/0-
You are hereby suthorized and instructed, su		MANAGEMENT DESTRUCTION AND ADDRESS OF
or Joseph Curea	ux Sr. 22	1289
ne liner	Funeral, date, time [R].	Dec-12 11:00
Church, Chapel, Graveside	Cypress	View Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extr	1000
will be applied and billed to undersigned		
Lot 134 Grave / Row _	Section	Division/Block /2
Grave space & Care Fund		785,00
Additional spaces and care fund		
Opening/Closing & Setup	PAID	413,00
Burial Container		209.00
Handling Fees	DEC 0 8 2003	160.00
Flower vases - Marker setting fee		
Recording and filing fee	IT HOPE CEMETER	y 50.00
Sales taxes		16.20
- <i>r</i> al	Total Due.,	VC2 (883.)
Paid Paid	receipt number R-50	183 18332
Liberative Centify Lam the X 50 n	80 ES.	alance due
I hereby certify I am the X Son	• of th	ne above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	n of remains as above indicate in and I agree to hold Mt. Hope	ed. I certify and represent
, , , , , , , , , , , , , , , , , , , ,	X Joseph 1	Cummun
I hereby authorize the interment in lot I hold under deed.	X6258 Amesbu	
Signature of recorded holder of deed	x San Diego, C	
PauletteC.	X-relephone	78000
latter	Invoice #	
Work Order # E 18174	Acct. #	ži
1909/100	000 a 2000 to 15	K W Fa

#### MT HOPE CEMETERY

#### **GRAVE BLIND CHECK FORM**

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

	-	(		1	<b>F</b>	
		HON ()	X			
		Wei	in a Maria	Rue		
Interme	nt space	ated By: P for: Dog Oea 12	oh l	Jureau	ush	
Div: 1	Sect	::_2 Blk y:=10~mo	Row: _	Lot: .	<u>/34</u> GI	r: _ <u>/_</u>
Agrees	with Lega	al Card: 🛘 Y	es (	ON'C	Flago	Jam
Blind Cl	neck & V	erified By:			Date:	

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

īĀ	NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)			E OF DEATH 4. SEX
2000	JOSEPH	, A	CUREAUX		10/31/1930 12/	06/2003 M
5A	CITY OF DEATH		58. COUNTY OF DEATH—O	UTSIDE CALIF., 6. NAM	E, RELATIONSHIP, FULL MAILING A	DORESS AND ZIP CODE
	SAN DIEGO		SAN	DIEGO JO	SEPH CUREAUX JR -	SON
74		DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSONS S VIEW CHAPEL 3953 IMPERIAL CA 92113		PLICABLE SA	58 AMESBURY ST N DIEGO CA 92114 SNATURE OF APPLICANT—Person tables	
	ACKNOWLEDGMENT OF AP	I I bush extended as seekent that the respond of	isposition stated herein is one of the dispo	sitions authorized by	aulite vale ten	12/08/2003
	PERMIT UTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT. NOTE: THIS PERMIT GHES NO NIGHT OF EXPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT ISSUED 12/09/2003 P VALENTINE	9C. SIGNATURE OF LOCAL REG 2320057	ISTRAR ISSUING PERMIT
AN		NO. ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDSPO BOX 8: SAN DIEGO CA 92186-5222	I IF DISPO	A TOTAL PORTION AND ADDRESS OF THE PARTY OF	TRICT OF DISPOSITION— NOTHER DISTRICT IN CALIFORNIA	
	A. BURIAL (INCLU B. CREMATION		E. TEMPORARY ENVAULT  F. DISINTERMENT  G. SHIP IN TO CALIFORNI  H. TRANSIT TO OUTSIDE	<b>^</b>	FOR CORONER'S  I. DISPOSITION PENDING (Name and Address)	A REMAINS LOCATED AT
	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMET MT HOPE CEMETERY 3751 MARI SAN DIEGO CA 92102	KET ST	18. DATE BURNED 1	IC. SIGNATURE OF PERSON IN	CHARGE OF BURIAN
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMI	ATORY	28. DATE CREMATED	2C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF GALIFORNIA FACILI	TY RECEIVING REMAINS	38. DATE RECEIVED 1	9C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO E		48. DATE SHIPPED 1	4C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARE	
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		5B. DATE OF DISPOSITION	SC. 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.

# pre-need

#### MT. HOPE CEMETERY INTERMENT ORDER

#### INTERMENT OND

City of San Diego

Date 12/8/03

1211062	
You are hereby authorized and instructed	, subject to your rules and regulations, to inter the remains
or Tor andrew	- Driplett
ina	Funeral, date, time
Type of Buriel Container Church, Chapel, Graveside	
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 236 Grave 23,475 Row, Grave space & Care Fund 4, 4	Section 2 Division/Block 12 of 5 60 985.00 ea. 39400
Additional spaces and care fund  Opening/Closing & Setup	
Burial Container	DEC 0 8 2003
Handling Fees	DEC 0 0 2003
Flower vases - Marker setting fee	INT HOPE CEMETERY
Recording and filing fee	IN I HOPE CEMETER:
Sales taxes  Pud (" ) Just (")  Mul ad (")  Pud	3940.00 3940.00 aid receipt number R - 56987 985.00 Balance due 2955.00
i hereby certify i am the and this is your authority to make disposithet i have the right to make this authorization in the said authorization in the said authorization in the said authorization is a said authorization.	of the above named decedent ition of remains as above indicated, I certify and represent stion and I agree to hold Mt. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I hold under deed.	2526 B'Street
Paulette	San Dieyo (492102 (619) 698-1282
Valler	The Control of the Co
Work Order # E 18175	Acct. #

0	FFICIAL RECEIPT
1	Mr.

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

CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

58216

		Date: Nov. 9	,20 04
From: andrew triple		B D. D.D.	CA . 92101
the hundred, t	wenty three -	Dollars (\$	123-1
in <u>part</u> Payment of Div Sec	2 Blk/ Row	Lot 236 Grave	2,3,4,5
Invoice No. 6- 18/75	NOT VALID FOR PURPOSES STATED UNLES STAMPED "PAID" IN THIS SPACE.	CREDIT 67007	
Acct. No	DAID	20% Sales Care 77184 — 80% Sales 100 of Lots 77184 —	123-
W.OBALANCE DUE 1848	PAID	Opening/ 100 Closing 77181 — Burial 100	
BALANCE DUE 1848	NOV 0 9 2004	Containers 77182 — 100 Handling Fee 77185 — 100 Recording & 100	
Pre-Need LofX At Need . On Acct	MOUNT HOS-	Misc. Fees 77183 —	
Pre-need Trust Cash Check	MOUNT HOPE CEMETERY	Sales Tax 60101 78390	
AC-212 (Rev. 4-04) This information is available in alternative formals upon reque	. 0	TOTAL PAID \$	123

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA	5721	0
WHITE	CEMETERY MOUNT HOPE CEMETERY		
From: A. Juplet	Date: 1-b Address: 2526 B st. 30	12 .20 C	7
in Payment of	sy-nud	lars (\$ _ /23 . Ø	N 5
Lot 536 Grave	/	Division /	
Invoice No. <u>F 18175</u>		007	
W.O.	DAID 80% Sales 77	1230	10
BALANCE DUE 2/32. 00	Closing // Burial	181 100 182	
	Handling Fee 77 Recording &	100 185 100 183	
Pre-Need Lot At Need On Acct	MOUNT HOPE OF LETT () Pre-Need 63	186 101	
Pre-need Trust   Cash   Check		123 0	J

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

MOUNT HOPE CEMETERY (619) 527-3400

From: ardrew Suplect	Address: 77 rece	
in part payment of _	Tre- Treed Cots	
Invoice No Sec	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID  FEB - 8 2005	CREDIT 67007 20% Seles Cere 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burlal 100 Containers 77182 Handling Fee 77185
Pre-Need Lon At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 4-04) 08-06 809973	MOUNT HOPE CEMETERY	Recording & 100   Misr. Fees   77183

#### CITY OF SAN DIEGO, CALIFORNIA

57343

#### MOUNT HOPE CEMETERY (619) 527-3400

	Date	MARCH	19, 20	04
From: Andrew Triplett	Address: 252@ B	Street.	S.D. Ca 96	2101
One Hundred twe	nty-three of a -	Dolla	urs (\$ 123. 00	)
in Part Payment of P		t	Division 1	_
Lot 350 Grave	2,3,445 Row	Section	Block 0	<u> </u>
Invoice No. E - 18 1 75	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 6700		
Acct. No.	PAID	20% Sales Care 7718 80% Sales 10 of Lots 7718	123	$\infty$
W.O \$ \$709 00	FAID	Opening/ 10 Closing 7718 Burial 10	31	
BALANCE DUE \$ 4709. 00	MAR 1 9 2004	Containers 7718 10 Handling Fee 7718	00	
	( T. 4)	Recording & 10	33	
Pre-Need LoiX At Need On Acct Pre-need Trust Cash Check X	MOUNT HOPE CEMETERY	Pre-Need 6303 Trust 7718 Sales Tax 6010	36 ————	
Pre-need Trust Cash Check X AC-212 (Rev. 10-02) 0 8 -0 30 9 9 8 39 7	ISSUED BY Laulette C.	7839	. 123	OD
This information is available to also make the formats come more re-		TOTAL PAID		A SECTION .

OFFICIAL RECEIPT	CITY OF SAN DIEGO,	CALIFORNIA	574	45
CANARY	TO CUSTOMER CEMETERY AUDITOR MOUNT HOPE CI (619) 527-34	400	10	n/
From: andrew Suip	LH Address: 2624 8 5	Date: Cipul +. 8D 92100	123.00	7
in part Payment of	1 <u>fu</u> mud ave 2,3,4,5 Row	Dollars (S	Division /	) 
Invoice NoE18175	NOT VALID FOR PURPOSES STATED UNLES STAMPED "PAID" IN THIS SPACE.	- 1 (Carlot and 1)		
Acct. No	PAID	80% Sales 77184 — Opening 77181 — Closing 77181 —	123	00
BALANCE DUE 2584. Ø	APR 1 4 2004	Burial 100 Containers 77182 — 100 Handling Fee 77185 —		
Pre-Need Lot / At Need On A	MOUNT HOPE CENETER	Recording & 100   Misc. Fees   77183   -   Pre-Need   63033   Trust   77186   -		
	ck/ 11 11 11 11	Sales Tax 60101	ll l	

CONTract Expires Jan. 2006 \$123.00 MONTHLY E-18175 pin# 134062 TWO YEAR CONTRACT 126.00 Final TRIPLETT, ANDREW 2526 'B' STREET, San Diego CA 92102 (619)696-1282 DEBIT CREDIT BALANCE 12/08/Q3 Opened Pre-need lot account for 4 lots @ \$985.00 394D 100 3940 00 each totaling \$3,940.00 Paid down payment of 985.00 00 (Div 12, Sec 2, lot 236.gr's 2,3,4/5) 7eb 2004 Loupon #1 May 2004 1788 = 209/01 April 2004 57560 may 2004 57728 June 2004 57840 Que 2004 un 2004 Sept 2004 68216 DAT 2004 NOU 4004 Coupens 11, 12, 13 Dec 09 Jum Feb 05 36900 R-58670 6-23.05 246 00 UNIT HOPE CEMETERY lections not mecessary w

## Aturd

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date Dace 03

You are of	hereby authorized and inc		your rules and n	egulations, to in	ter the remains
in a	DD. Zne	OR THE WORLD	, date, time M	m 12/15	10:00
Church,	Chapel Graveside	0.000	Ra	asdale	Mortuary.
	eral cars must arrive before	3:625	lar work day or a	n extra charge (	of \$
<u>2</u> س	II Grave \	Row	Section 2	Division/Bi	w 12
Grave s	pace & Care Fund				Set of the
Addition	nal spaces and care fund				-
Opening	g/Closing & Setup		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	713
Burial C Handlin	containerg Fees		PAID		
Flower	vases — Marker setting fee ing and filing fee		C t r nana		
Record	ing and filling fee		C 1 5 2003		_50 -
Sales ta	1X65	WATER I	IONE OF		
Ma	thoug to pa	Paid receipt	number RS	7001	463
	V.30°			Balance due	0
and this that I he	y certify I am the is your authority to make ave the right to make this a illity on account of said aut	uthorization and I	agree to hold Mt.	dicated, I certify	amed decedent y and represent y harmless from
	y authorize the interment is der deed.	n lot t	Biggratium Adams Adams	1 pl	9
Signature of	d majoritud holder of deed		Telephone C	fac	Zlp Code
+	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.6	Invoice #		

Aturd

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

- Dec 9,03

DO - 214	Funeral data time Mon 12/15 10:00
Charch (Chapel) Graved de	Roosdale Monor.
	of regular work day or or states charge of \$
will be applied and billied to unchargened.	an ingland more cast on all areas creates on a
may of this and the same to assessing and	
LOR 211 Grove 1 Plois	Section_2_ Division/Stank_12_
Greve space & Cers Fund	
Additional spaces and oare fund	
Opening/Closing & Setsp	413
Burlet Container	
Handing Pees	
Plower vales - Morker setting fee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Flectring and filing fee	<u> </u>
Sales 16/690	CALL THE CAL
	EST CHOCK
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Horary to pay	11. >
Hospian to pay	receipt number
Hospian to pay	receipt number
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House the to make disposition and this is your authority to make disposition that I have the right to make disposition and lines the right to make disposition and lines the calculation of add authorization a	receipt number
Hordwary to pare Paid and the X pare She register that I have the right to make disposition and fall authorization and limitary and authorization and limitary authorization and limitary authorization and the pare such and the pare such authorization and the pare such	receipt number  Balance due  of the above named decedent of remains as slope indicated, I certify and represent n and I agree to hold Mr. Hope Certainly and represent and interpreses.  Coloquelin Var.
Horitrary to pare Paid and the X pare disposition in the pare and the pare the right to make disposition and high the pare the right to make disposition and leading to authorize the authorized on a paid authorized on a	receipt number  Balance due  of the above named decedent of remains as slope indicated, I certify and represent n and I agree to hold Mr. Hope Certainly and represent and interpreses.  Coloquelin Var.
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Hospian to pay	receipt number  Balance dus  of the above named decedent in and I agree to haby Mr. Hope Commeny harmies from and Interpetate  Extraction vac  Department 4520 Dusce Color (B)  Action well: Ky 40294  502-2166-7461
Horitrary to pare Paid and the X pare disposition in the pare and the pare the right to make disposition and high the pare the right to make disposition and leading to authorize the authorized on a paid authorized on a	receipt number  Balance dus  of the above named decedent in and I agree to holy Mr. Hope Cornelery harmies from and Interpetate  Execution var  Execution var  Suppliere (4520 Dunce Color (B))  **Suppliere (4520 Dunce Color (B))
Horitrary to pare Paid and the X pare disposition in the pare and the pare the right to make disposition and high the pare the right to make disposition and leading to authorize the authorized on a paid authorized on a	Total Due



## GRAVE BLIND CHECK FORM

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

he buria	al space.	,	4	1	all a	
			Lolsin			
		1	x	Henter	Smoth	
	·			Allers	Swith	
ntermer ntermer Div: <u>12</u>	neck Initiatent space for the Date:	or: <u>Je</u> lon ¹²   2 BI	wel 9	Smith Time: Lot:	10:00 211 G	<u>I</u>
	with Legal with Map;	111111 271		ои С ои	plag	on abl
	neck & Ve			atim	Andre :	aliali

#### **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**

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

_			USE BLACK INK UNLT -	MAKE NO ERASO	HES, IVI	ILEGO IS ON O	HER ALIERATIONS	- 12	_	275
14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAM	IEY)		2. DATE OF BIRTH		OF DEATH	4. SEX
	Jewel .		Marie	Smith			04/10/194	12/0	472003	F
5/	CITY OF DEATH			# T T T T T T T T T T T T T T T T T T T	College and the second	- OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FU	LL MAILING	ADDRESS AND	ZIP CODE
	Jeffers	on		ENTER STA	Ken	tucky	Jeanette Nola	n . 3569	er-in-	Law
71	Anderson-	DRESS OF CALIFORN Ragedale Mo O, CA 92102	A-FUNERAL DIRECTOR OR PER OFTURY, 5050 Fe 2	SON ACTING AS SUCH Ederal Blvd	7B. CALIF. — IF API	PLICABLE	6035 Newcastl San Diego, CA 8A SIGNATURE OF APPLICAN	e Cour	t	
-	ACKNOWLEDGEMENT OF A	no lease I hereby ader	owinige as applicant that the proposed disposed of and Safety Code, and was authorized pursuen		spositions auti	orized by Section 109055	>1 Lan Len	Lees		0/2003
	ATTENDED OF	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS O AND SAFETY CODE AND IS THE AUT IN SPECIFIED IN THIS PERMIT. DIRIGHT OF DISPOSAL DUTSIDE OF CALIFO	HOR-	EE PAID	98. DATE PERMIT 12/12/2 B. Campb	003 2320365	CAL REGISTE	RAR ISSUING PE	RMT
	1975-C11800000000000000000000000000000000000		EGISTRAR OF DISTRICT OF DE IED IN CALIFORNIA -	EATH —	Vita	osmow is to occur 1 Records,	P.O. Box 8522 92186-5222			
	A. BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS (	OTHER	E. TEMPORARY  F. DISINTERMEN  G. SHIP IN TO C	T ALIFOFINIA	29400	L DISPOSITION (Name and Ad		REMAINS LOCA	TED AT
	BURIAL	Mt. Mope	Cemetery, 3751 o, CA 92102		eet	118. DATE BURIED		ERSON IN C	HARGE OF BU	JRIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	ODRESS OF CALIFORNIA CRE	MATORY		128. DATE CREMA	TED 12C. SIGNATURE OF P	ERSON INC	HARGE OF CR	REMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DORESS OF CALIFORNIA FACI	LITY RECEIVING REM	AINS	13B, DATE RECEIV	/ED 13C. SIGNATURE OF P	ERSON IN C	HARGE OF FA	CILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		E	14B. DATE SHIPPE	D 14C ADDRESS AND S OF PLACING WITH			CHÂRGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE DIDENTIFY FINAL PLACE AND EA, ONLY ENTER LATITUDE AN	CA DISTRICT OF DISF		15B. DATE OF DISPOSITION	15C. SIGNATURE OF P CHARGE OF DISE	440000000000000000000000000000000000000	15D. UCENSE CREMATED R POSER — IF A	EMAINS DIS-

#### INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, si	ubject to your rules and regulations, to inter the remains
ina liner	Funeral, date, time Fr 12 22.3
Church, Chapel, Sraveside	: Consad Mortuary.
All Funeral cars must arrive before \$155 p.m.	. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
	Section Division/Bleck
Grave space & Care Fund	E 5140 _0
Additional spaces and care fund	
Opening/Closing & Setup	<u> </u>
Burial Container	<u> </u>
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	<u></u>
Sales taxes	<u> </u>
	Total Due
Paid	receipt number
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature Additional A
Signature of recorded holder of deed	Crie X Zip Code Telephone
Work Order # E 18177	Acct. #
REA-104 (7-96) This inform	nation is available in alternative formats upon request.

O Printed on recycled paper

REA-104 (7-96)

Atrid

#### MT. HOPE GEMETERY INTERMENT ORDER

City of San Diego

12/4/03

a Helon J	alit-
ma liner	Personal, date, time 17: 12 12 2 3
Church, Chapel, Bransade	Consad Morketory.
All Funeral cars must entire before \$100 p.m.	. of reguler work day or en extre charge of \$
Las 140 Greve 5 Rain	Section Division/Bleck \
Grave space & Care Fund	<u> </u>
Additional spaces and care fund	
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Rajes texto,	
	Total Due
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that I have the right to make this sutherbasic	R of the above named decodern to of remains as above indicated. I certify and represent an and I agree to tiold his. Hope Gemetery harmless from and inspection.
etal termina du erocetat ou send entrourcerous	(V) aut 10/0/182
I hereby authorize the interment in lot   hold under deed.	State of any
The state of the s	X KENNETH B. MOLLIFF 25 BROWNS ROAD/184B
Agradies of Assessed Spilor of most	X ALPINE, CA 91901-160
	X 619/994-9294
	Involce #
Work Order # E 18177	Acct. 6
REA-104 (7-66) This Inform	nation is available in alternative formate upon request

# GRAVE BLIND CHECK FORM

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

he burial space	).	A S		3	
				T 1	8
	- 4	4	ļ	-	
		Neuthol			
When		x	TOU FF	JOHIFF	S
	SI	(ee	2		
llind Check Ini	tiated By:	Pam		Date: \	2/9
nterment space					
nterment Date:	Tri 12/1	2 7	Time:	2:30	>_
Div: 1 Se	ct: <u> </u>	lk/Row: _	Lot:	160 Gr	5
Grave Laid out	by: <u>Morma</u>	n ferg	ua-		
grees with Le	gal Card: 🛘	Yes (	J No J	lagon	
Grave Laid out Agrees with Lea	p: 🛘 Yes		No.	grau	e
		111			h 0

18177

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

•

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

HELEN	DENT—FIRST (GIVEN)	1B. MIDDLE FELTON	IC LAST (F.				2. DATE OF BIRTH	3. DATE OF		4. SEX
SA. CITY OF DEATH LEMON GRO	VE		5B. COUNTY ENTER ST		DIEGO	KENNE	RELATIONSHIP, FULL MA ORMANT TH H. JOLLII	F - BE		
CONRAD LE	MON GROVE M DWAY — LEMO!	N GROVE, CA 919	45-1533	—if af	LICENSE NUMBER PLICABLE D941	ALPIN	TURE OF APPLICANT—	1602	88. DAT	Ę SIGNED
ACKNOWLEDGMENT OF		cinomically as applicant that the propose 376 of the Health and Safety Code, and ma				Y		<i>&gt;</i> −	12/09	raus
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORY IN THIS PERMIT.	JED IN ACCORDANCE WITH PR ORNIA HEALTH AND SAFETY C Y FOR THE DISPOSITION SPECIA I BEST OF DISPOSAL OUTSIDE OF CALIFO	ODE FIED S13		Grant K. C 12/11/20	onzad	9C. SIGNATURE OF LOC 2320287	AL REGISTR	RAR ISSUIN	G PBRMIT
APP CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	HOO DEPT. OF HEALT	A SERVICES				ICT OF DISPOSITION— THER DISTRICT IN CALIFOR	· BA		
10. AUTHORIZED DIS	POSITION(S) CHECK A	PPLICABLE ITEMS	245	tto .	_		FOR CORC	NER'S U	SE ONL	
B. CREMATION	11A. NAME AND AS	AMS OTHER  DORESS OF CALIFORNIA CEN  REFET STREET  SO, CA 92102		IENT CALIFORNI O OUTSIDE	107.23 		I DISPOSITION F (Name and Ad	dress)		474.5 <del>.</del> 745.00
		DORESS OF CALIFORNIA CRE	MATORY	1	128, DATE GREMA	TED 12C	SIGNATURE OF PERSO	ON IN CHAR	GE OF CR	EMATION
CREMATION				į.		<b>&gt;</b>				
SCIENTIFIC	13A, NAME AND A	ODRESS OF CALIFORNIA FAC	ALITY RECEIVING RE	MAINS	13B. DATE RECE	IVED; 13C	, SIGNATURE OF PERS	ON IN CHAP	ROME OF F	ACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		RE !	14B. DATE SHIPF	ED 14C	ADDRESS AND SIGNA OF PLACING WITH TH		erson in	CHARGE
SCATTERING AT SE. OR DISPOSITION OTHER THAN IN A CEMETER	FICIENT TO IDE	rest point on shoreline, o intify final place and ca <u>d</u>			158. DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI		OF CREA MAINS C —IF APP	NATED RE- DISPOSER

# Atud

# MT. HÖPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 12 9 63

ha ASK Vault Funeral, date, thurch, Chapel, Graveside   til Funeral cars must arrive beforem. of regular wor	time TUBS 12 16 1230
hurch, Chapel, Graveside	
al Funeral cars must arrive before 3000 m. of requier wor	; SO Mainona Montuary
20	rk day or an extra charge of \$
vill be applied and billed to undersigned.	39
at 1340 Grave 7 Row Section	on 2 Division/Bleek
Frave space & Care Fund	<u></u>
additional spaces and care fund	
Dening/Closing & Setup	topuston INCO -
Dening/Closing & Setup PAID	101-
landling Fees	<u> </u>
landling Fees lower vases – Marker setting fee DEC 0 9 2003	
Seconding and filing fee	<u> 50                                   </u>
MOUNT HOPE CEMET	ELI
	Total Due
Paid receipt number	1250 41 397.73
4.F	Balance due
hereby certify I am tive Solo und this is your authority to make disposition of remains a hat I have the right to make this authorization and I agree t uny liability on account of said authorization and interment.	to hold Mt. Hope Cometery harmless from
Geraldo Johnson X	Buld o. Wh
hereby authorize the interment in lot I store lold under deed.	11019 Avanda Del Gato
Actions Ignature of ecordial lighter of deed	San Diego 92126
12-09-03P03:11 PAID	58 /831-0754 ZDCOO
tan Invoice	
Work Order # E 18178 Acct. #	

### GRAVE BLIND CHECK FORM

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

		Riley		
	x	Waynes	Smith	
	Brettell			

		Piley		<u></u>
	x	Waynes	Smith	
	Brettell			
Blind Check Initiated By:	The second second		_ Date: \( \frac{1}{2} \)	Control of the Contro
Interment space for: Interment Date:				e
Div: 12 Sect: 2				: 1
Grav∌ Laid out by: N o	RMAN	FERGUS	ON	
Agrees with Legal Card:	X Yes	J No (	lag n	٨
Agrees with Map: ÆYe	s 🗆 1	No '	Sha	ve,
Blinc Check & Verified E	Man	temos	Dete:	glyla

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

3. DATE OF DEATH 4. SEX IAME OF DECEDENT-FIRST (GIVEN) 1B MIDDLE 1C LAST (FAMILY) 2. DATE OF BIRTH MONTH, DAY, YEAR MONTH, DAY, YEAR 03/16/1943 12/03/2003 F GLORIA MOORE-JOHNSON CITY OF DEATH OUTSIDE CALIE ENTER STATE OF INFORMANT TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER SAN DIEGO MEMORIAL CHAPEL — IF APPLICABLE — IF APPLICABLE SAN DIEGO, CA 92104 JAMES E. JOHNSON-SPOUSE 4363 COPELAND AVE. #6 SAN DIEGO, CA 92105 MATURE OF APPLICANT—Person taking parms : 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions author the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code 12/09/2003 objects authorized by Section 103055 CONONLEDGEMENT OF APPLICANT 9C. SIGNATURE OF LOCAL REGISTRAP ISSUING F 9A AMOUNT OF FEE PAID 98 DATE PERMIT ISSUED 12/09/2003 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT THORIZATION OF \$13.00 J. LEMON JR. 2320137 NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA OCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 IN RECUIRES A NEW INIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 FOR CORONOR'S USE ONLY UTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS I. DISPOSITION PENDING — REMAINS LOCATED AT E TEMPORARY ENVALETMENT A. BURIAL (INCLUDES ENTOMBMENT) (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY G. SHIP IN TO CALIFORNIA D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102 118. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL 12-16-03 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 120 SIGNATURE OF PERSON INCHARGE OF CREMATION SOUTHERN CALIFORNIA CREMATORY 601-D CRANE ST. LAKE ELSINORE, CA 92530 CREMATION 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 149. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION :15B. DATE OF 15C. SIGNATURE OF PERSON IN SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. CHARGE OF DISPOSITION CREMATED REMAINS DIS-SCATTERING/BURIAL DISPOSITION POSER - IF APPLICABLE AT SEA OR DISPOSITION OTHER IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE HAN IN A CEMETERY COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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

COPY 1

VS9 (REV. 3/03)

# MT, HOPE CEMETERY INTERMENT ORDER

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1	-
V,	

City of San Diego

. P		Date 12/9	103
You are hereby authorized and instructed, sut	22729	<b>X</b> 0	
· Daniel John Keller	1	P.A.# 200	1011591
ne DD. CRYPT (B)	uneral, date, tir	nethurs Dec	9.00
Church, Chapel, Graveside Dewry (	inly!:	Baywieu	Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work	say or an extra charg	120 EX
will be applied and billed to undersigned	8	A = =	
17 at 3A			
Lot + Grave + B Row	Section	Division/	Block 13_
Grave space & Care Fund		131.	00 126,00
Additional spaces and care fund			
Opening/Closing & Setup		4;	9. 423.00
Burtal Container			128.00
Handling FeesJAN.			
Flower vases - Marker setting fee	Ca D 1	- <b>2</b> -	
Recording and filing feeMOUCTOH	DECEME	TERY	
personal and unit too	BUTT	-	192 953
Sales taxes		75°	1927265
culen b.		4844378	754,92
P.A. Ellen B. Paids	ecelpt number.	CONTRACTOR OF THE STATE OF THE	
1 - 7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		Balance d	ue
I hereby certify I am the and this is your authority to make disposition	of remains as	of the above	named decedent
that I have the right to make this authorization any liability on account of said authorization a	and Lagree to	hold Mt. Hope Cemet	ery harmlees from
	nd interment	background for your species over a com-	
any and and any and administration of	nd interment.	( See ct	toch, D
hereby authorize the interment in lot I	ind interment.	See at	toched
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hereby authorize the interment in lot I	and Interment.	See at	toched
I hereby authorize the interment in lot I hold under deed.	Address City	See ct	
I hereby authorize the interment in lot I hold under deed.	Address	See at	
I hereby authorize the interment in lot I hold under deed.	Address City	2013/	

TO: PLELIC ADMINISTRATOR P:1/2

# MT. HOPE CEMETERY INTERMENT ORDER

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y. 1		Balance due	1000
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THE OTHER DESCRIPTION OF THE PERSON OF THE P			
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	Yala infrascribus in mus	dable in efternelle chimele (per	request !

# GRAVE BLIND CHECK FORM

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

	* <b>x</b>	
<b>X</b> 2		

	* <b>x</b>			1
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		33.45		
Blind Check Initiated E	By:	- 3	Date:	
Interment space for: Interment Date: \tag{Vor} Div:_\( 13 \) Sect:				3A 1B
Grave Laid out by:				
Agrees with Legal Car	d: 🗆 Yes	□ No		
Agrees with Map:	Yes 🗆	No		
Blind Check & Verified	d By:		Date:_	<del></del>

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 18179

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

1A. NAME OF DECEDE DANIEL	NT—FIRST (GIVEN) 18. MIDDLE JOHN	IC. LAST (FAM.	aly)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY YEAR MONTH DAY YEAR 10/14/1949 11/05/2003 M
SAN DIEGO		SB. COUNTY OF	F DEATH—OUTSIDE CALF TE SAN DIEGO	ELLEN BEAUPARLANT - PUBLIC GUARDIAN
BATVIEW CREM. & BURIAL, 7510 CLAIREMON BLVD. #109, SAN DIEGO, CA 92186-		LACTING AS SUCH	7B. CALIF. LICENSE NUMB —IF APPLICABLE FD-1661	SAN DIEGO, CA 92123
ACKNOWLEDGMENT OF A	PLICANT   hereby acknowledge as applicant that the proposed of Section 10376 of the Health and Salety Code, and was aut	herized parsuant to Section	71,00 of the Health and Safety Code	11910
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA MEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRES NO NIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	<b>\$13.00</b>	12/12/2 R.MART	Particular (1)   (1)   (1)   (2)   (2)   (3)   (3)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (
TION REQUIRES A NEW	OD. ADDRESS OF REGISTRAR OF DISTRICT OF DEA F PEATH OCCUPED IN CALIFORNIA F.O. BOX 8522 SAN DIEGO, CA 92186-5222			TRAR OF DISTRICT OF DISPOSITION— OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
B. CREMATION	HAT NAME AND ADDRESS OF CALIFORNIA CEMET	F. DISINTERME G. SHIP IN TO H. TRANSIT TO	CALIFORNIA O OUTSIDE OF CALIFOR	BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION CREMATION SCIENTIFIC	SAN DIEGO, CA 92102  12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	12-16-	- VIUN WINGS
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILIT	ry receiving rem	AINS 138 DATE RE	RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO B		E 148, DATE SH	SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND CA. DIST.			



#### INTERMENT ORDER

8 At rued

City of San Diego

Date 12/9/03

You are hereby authorized and instructs	ed, subject to your rules and regulations, to int	er the remains
a william	· (diline 2910)	12
in a TS Vacult	Funeral, date, time	10:00
Church, Chapel, Greveside	- teacherings	Mortuary.
All Funeral cars must arrive before	D.m. of regular work day or an extra charge o	1\$
will be applied and billed to undersigned	Ĭ	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
Lot <u>Q</u> 5 Grave 3 Row	v Section 2 Division/Blo	<u>~12</u>
Grave space & Care Fund		
Additional spaces and care fund		11.5 =
Opening/Closing & Setup		413
Burial Comainer	~410	25
Handling Fees	AL.	204
Flower vases - Marker setting fee	09 X00	
Recording and filling fee	DEC SEMETE"	50
Handling Fees  Flower vases — Marker setting fee  Recording end filing fee	HOPE	21.31
	MOUNT HOPE CEMETERY  Total Due  Pald receipt number  MC	163.31
	Paid receipt number MC	763.31
ANC CO. MORNOUS TO SERVICE TO SER	Balance due	_6
I hereby certify I am the X SON and this is your authority to make dispo	of the above na settion of remains as above indicated. I certify zation and I agree to hold Mt. Hope Cemetery	and represent
any liability on account of said authorize	stion and interment.	V V
I hereby authorize the interment in lot I hold under deed.	Styrature X	Silvio
Signature of recorded holder of deed	X 8030 EASTR	DOS DE
tan	Talophose 6/9-460-765	50 50
F 18180	Invoice #	
Work Order # E 10100	Acct. #	

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# GRAVE BLIND CHECK FORM

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

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		X	ogilnie	-
	Androw		Paldes	

	Theren	Didley	
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Blind Check I	nitiated By:	w	Date: 1219
	e: Fri 12/12		
3 <u>-67</u> :vid	Sect: 2 Blk/Row	v:Lot:	<u>US</u> Gr. 3
Grave Laid or	it by: Norman F	equan	Not w
Agrees with M	ut by: Norman f egal Card: A Yes Map: A-Yes		of the state
Blinc Check	& Verified By: M. g	Buston	40 ate: 13/11/03

E 18180

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	16. LA	ST (FAMILY)	1110 1000 1000 1000 1000		2. DATE OF BIRTH		OF DEATH	4. SEX
William		D.	1	0	gilvie		0870471906	12/0	872053	M
SA. CITY OF DEATH		10			OUTSIDE CALIF.,		RELATIONSHIP, FULL M. FORMANT	AILING AD	oress and zi	P CODE
La Mesa					an Diego	Ge	rald Ogilvie			
Feathering	ill Mortuar	• /		¦ ⊣F	APPLICABLE		30 Eastridge Mesa, CA 91			*
6322 El Ca	on Blvd.,	San Diego,	SK 92115	P	701083	BA. SIGN	ATURE OF APPLICANT—	ersportiging p	set, 88. DAT	E SIGNED
ACKNOWLEDGMENT OF A		cknowledge as applicant that the 376 of the Health and Safety Code.				> 7	C 80	2	12/08	/2003
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	BIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCOPIDANCE WIT ORNIA HEALTH AND SAFE I'V FOR THE DISPOSITION S 0 MIGHT OF BROOSAL OUTSIDE OF	ETY CODE SPECIFIED	\$13.00	12/12/20 K. Zaret	003	BC. SIGNATURE & LO	2320		G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	22, San Diego	STATE STATE OF				RICT OF DISPOSITION— OTHER DISTRICT IN CALIFOR	RNIA	à	
IO. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS		- 6			FOR COR	ONER'S	USE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	11A NAME AND AT Mt. Hope C	DRESS OF CALIFORNIA	G. SHIP		E OF CALIFORNIA	D   110	C SIGNATURE OF PERS	531/27/J\$ JA	HARGE OF BU	JRHAL (
	San Diego,	DORESS OF CALIFORNIA	CREMATORY		12 -/2 - 0 12B. DATE CREMA		. SIGNATURE OF PERS	CON IN CH	ARGE OF CRI	EMATION
CREMATION						<b>&gt;</b>				
SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA	A FACILITY RECEIVIN	IG REMAINS	138. DATE RECE	13C	C. SIGNATURE OF PER	SON IN C	HARGE OF F	,
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR		WHERE	148. DATE SHIPE	PED 140	C. ADDRESS AND SIGN. OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	JREST POINT ON SHORELI ENTIFY FINAL PLACE AND			15B. DATE OF DISPOSITION	N 150	C. SIGNATURE OF PERS CHARGE OF DISPOS		150. LICENSE OF CREM MAINS D —# APP	NATED RE-

### INTERMENT ORDER

total of 14.	City of San Diego	3
You are hereby authorized and instructe of Colletta Ari	d, subject to your rules and regulations, to inter the remi	
In a	Funeral, date, time Thurs Dec. 11	1()
All Funeral cars must arrive before 3:30	01-15/2-01	Éé
will be applied and billed to undersigned	l	
Lot 100 Grave 1 Row	Section _ Q _ Division/Block [ ]	1_
Grave space & Care Fund	989	0
Additional spaces and care fund	DAII) (LI3	0
Burial Container	DEC 0 9 2003 1600	00
Flower vases - Marker setting fee	MOUNT HOPE CEMETERY 50,	00
Sales taxes	Total Due	3.0
/1.	Paid receipt number 1/00 Card 1033	
I hereby certify I am the	of the above named dece sition of remains as above indicated. I certify and repre zation and I agree to hold Mt. Hope Cemetery harmless ation and interment.	MAN
I hereby authorize the interment in let I hold under deed.	Hom A. Fings 6357 Rhodes Lan	9
Dette corposison	(969) 776-2029 Tolophone	Comme
Work Order# E 18181	Invoice #	
Work Order # 10101	Acct. #	

REA-104 (7-96)

This information is available in alternative formats upon request.

#### CATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18181

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

TA	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	4			2. DATE OF BIRTH	3. DA	HTA	4. SEX
0	OLLETTA		ARLENE	MOKINNE	Y			03/29/1973	127	3/2003	M
8	CITY OF DEATH			58. COUNTY OF D ENTER STATE SAN D	IEG	)	OF IN	RELATIONSHIP, FULL FORMANT CLAUD I C STREET #1	NE PI		
-	CALIFORNIA	BURIAL CHA	A-FUNERAL DIRECTOR OR PERSON PRL TIONAL CITY, 6A 9	-	IF APP	CENSE NUMBER LICABLE	CHU	LA VISTA , C	A 919		
•	ACKNOWLEDGEMENT OF A	ADDR MANT   Thereby actor	owledge as applicant that the proprosed disposition is and Salety Code, and was authorized pursuant to Si	stated herein is one of the disposit	ons author		BA SIGN	NATURE OF APPLICANT	Person taking		0/2003
	AUTHORIZATION OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT, I MIGHT OF DISPOSAL OUTSIDE OF CALIFORNA	410.00	PAID	98. DATE PERMIT		9C. SIGNATURE OF LOC	AL REGISTE	KAR ISSUING PE	PMIT T
AN	LOCAL REGISTRAR	9D. ADDRESS OF RE IF DEATH OCCURR VITAL RECO	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA RDS-P.O. BOX 85222 CA 92186-5222	H— 9E.				CT OF DISPOSITION — ER DISTRICT IN CALIFORNIA			
	THAN IN A CEME D. SCIENTIFIC USE	I, CREMATED REMAINS OF	L DRESS OF CALIFORNIA CEMETE	E. TEMPORARY ENVA	DRNIA IDE OF		D   11	I. DISPOSITION P	36)		
	BURIAL	MT. HOPE 3751 MARK	ET ST., SAN DIEGO,	CA 92102		12-12	3	and	me	_	_ (
APPLICABLE ITEMS	CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMAT	FORY		28. DATE CREM	ATED 12	C. SIGNATURE OF PEI	RSON IN C	HARGE OF CR	REMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	ODRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	3 1	3B. DATE RECE	VED 1	BC. SIGNATURE OF PE	RSON IN C	HARGE OF FA	CILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		19	4B. DATE SHIPP	ED 1	OF PLACING WITH			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CA EA, <u>ONLY</u> ENTER LATITUDE AND (	DISTRICT OF DISPOSE		58. DATE OF DISPOSITION		SC SIGNATURE OF PEI CHARGE OF DISPO		15D LICENSE CREMATED RE POSER — IF A	EMAINS DIS-

## **GRAVE BLIND CHECK FORM**

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

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Gilbar	Hooke	x	E midwel	N .
				Gedo
	Girs	Gilber Hough	Gilber Hoofe x	Gibser House x Emiduel

Interment Date: 12-11-03 T	A. McKinney
Interment space for: <u>Collettat</u> Interment Date: 12-11-03 T	1. mckinney
	Time: 11:00 Chapel
DIV: A Sect: BIK/Row:	Lot: Gr:
Grave Laid out by: Norman Fen	uen
Agrees with Legal Card: TYes	J'No Flagon No Flagon
Agrees with Map:   Yes	10 gare
Blind Check & Verified By:	Date:

# INTERMENT ORDER

City of San Diego

	1 1
T	lot
pro-need	
10 Mes	

01-28-04P02:51 PAID Date 12/9/03

	d, subject to your rules and regulations, to inter the remains
or you deli	a N. Kobertson
In a	Funeral, date, time
	, Mortuery.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	·
	Section 14 Division/Block- 7
Grave space & Care Fund	1395,00
Opening/Closing & Setup	
Burial Consalner	PAID =
Handling Fees	FAID
Flower vases - Marker setting fee	JAN 2 8-2004 <u> </u>
1.2107	Total Due
a in tall	Paid receipt number 25% dow 349.00
parc p-00 125	R- 57 147 Balance due 1.046.00
I hereby certify I am the and this is your authority to make displit that I have the right to make this authorizany liability on account of said authoriza	
I hereby authorize the interment in lot I hold under deed.	, See uttached copy Digneture (on file)
Signature of recorded holder of deed.	215 - 897 - 6392 2000
aulette	& Telephone
Work Order # E 18182	Acct. #
REA-104 (7-98) This in	formation is available in alternative formats upon request.

OFFICIAL RECEIPT		CITY OF SAN DIE	GO, CALIFORNIA			
	WHITE TO CUSTOMER CANARY CEMETERY	MOUNT HOPE (619) 52		58229		
From: Pilia	Cobertson Addi	ress: 1027 E.	pate: <u>Nov</u> gackson	Pealto	923	of
in pact	Bar sayson say	ue-nuo		_ Dollars (\$ ¿	188 -	
Div 7	Sec	Blk/ Row	Lot /4/	Grave	_/_	
Invoice No. F	8/82/ NOT VALID F 7796	PATE CE.	CREDIT 20% Sales of 80% Sales of Lots Opening/	67007 Care 77184 — 100 77184 —	188	0
W.O	11/2/1/1	10V 1 2 2004	Closing Burial Containers	77181 — 100 77182 — 100		
Pre-Need Lot At N		HOPE CEMETE	Recording & Misc. Fees Pre-Need Trust Sales Tax	77183 — 63033 77186 — 60101		
AC-212 (Rev. 4-04) This information is available in alte.	2019 ISSUED BY	Tam Hoz	C TOTAL PAID	78390 — \$ —	188	æ

#### CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

57902

From Lelia Robertzo Eighty- Eight 00	Date:		S   16	, 20'	990
in Pour Payment of 1 Div 7 Sec 1	Pu-need lo	t	Grave	1	
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	CHEDIT 20% Sales Can 80% Sales of Lots Opening/ Closing	100 77184 100 77161	88	80
Pre-Need Long At Need On Acct	AUG 1 6 2004 MOUNT HOPE CEMETER	110-14000	77182 100 77185 100 77185 63033 77186		
Pre-need Trust Cash Check X  AC-212 (Rev. 1941) O F  This information is available in atternance formers upon request.	ISSUED BY P. Citurford	Trust Sales Tax TOTAL PAID	80101 78390 ——	88	<i>ග</i>

Pokertson 1027 & Jackson PLAND 92376





MT. Hope Cemetery 3751 Market Street San Diego, Ca. 92102

92102+4527 . Ուհահի Ռուսեհի հինահունեն անևան

please find below the copy of Mr. Sniders

business Card (front & Back). On the back pick

he wrote he would honor the old pice.

If you seeme, I descussed securing a second

lot I located near the lot I'm currently purchase

Please prepare the contract po I can begin

the purchase.

Thank you,

Lu Stice

Line Stille 163

Jelia D. fabeton 109)813-8874 1027 E. JACKSON St. 21040 92376



RAY SNIDER
Cemetery Manager • Mount Hope Cemetery
Community Parks ! • Park and Recreation

3751 Market Street, MS 72 = San Diego, California 92102 (619) 527-5473 • (619) 527-3403 (FAX) • (619) 232-2237-7682 (Pgr.) email: rsnider@sandlego.gov

12.852 RIAITO CA 92377 846 134046 Expires Feb 2006 N. (909) 873-8874 Hm 1013 h. Eveline ROBERTSON, LELIA D. CREDIT DEBIT 1/28/04. Opened pre-need lot account with 25% down R-57141 Div 7 Sec 14, Lot 141 Gr 1 349.00 1046.00 R-57470 Coupons 1+2 April 2000 2000 2 3 MAY LOOM 8-16-09R-57902 446 June, July 2004 0 7 Aug, Sept 2004 5-27-05 8+9 No coupono su phone DET NOW 2004 18-31-05 (10) Visa card payment by phone Dec 2004 mailed Cent. Delinguat letter 10-10-05 11,12 can Feb 2005 11-1005 CRUPON 13, 14, 15 march April May 2005 12-8-05 marked Delinguest letter 12-14-05 pd by UISG Coupon 16, 17, 18, 19, 20, 21, 22 mon then see 2005 50,00 1308.00 2-7-06 muched Deling Company / lette. P. 00125 Parth fells 2-13-06 . . .

contract

### INTERMENT ORDER

Atrial

City of San Diego

Date 12 11 03

	227295
You are hereby authorized and instruc	ted, subject to your rules and regulations, to inter the remains
or Kostel HI	tana 141 20040657
in a Type of Burtai Container	Funeral, date, time Worn 12 (5 9:00)
Church, Chapel, Graveside	only Atzlan Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	id
Lat_ LD Grave_ 1 6 Ro	w Section Division/Bleek_
Grave space & Care Fund	131-
Additional spaces and care fund	
Opening/Closing & Setup	<b>PAID</b> <u>439-</u>
Burial Container	
Handling Fees	FEB 8.2 2004
Flower vases - Marker setting fee	year for 10
	NT HOPE CEMETERY 47
Sales taxes	(9.2
8.	Total Due
ul W	Paid receipt number 4883417 754-93
,\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Balance due
I hereby certify I am the 1	of the above named decedent
and this is your authority to make disc	osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot hold under deed.	Magazine Nel Jeel Vel
Signature of recorded holder of deed	
$\Im$	City Zip Code
tam	Telephone 2015 082
F 10107	Invoice - 31 288
Work Order # E 18183	

E 18183

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDE	INT-FIRST (GIVEN)	18, MIDDLE	IC. LAST (FAMIL	. 77	STATISTIC OF			SEX
Rafel	- Alta		Altana		-0.00		23/2003	м
San Diago		<b>"</b>	58 COUNTY OF SAN DIE		8. NAME, OF INF	RELATIONSHIP, FULL MAILING OF MAINT BEAUDARLANT-PU	ADDRESS AND ZIP CO	OOE
7A. TYPED NAME AND AL	Aztlan 7856	A—FUNERAL DIRECTOR OR PERSON  LA Mesa, Blad.,	ACTING AS SUCH 78	CALIF. LICENSE NUMBER —IF APPLICABLE  Fd—1658	5201- San	A Ruffin Rd. Diego. CA 92123		, •
ACKNOWLEDGMENT OF A	PPLICANT 1 hereby a Section 10	Committee as applicant that the proposed disp 375 of the Health and Sofety Code, and was autho	esition stated herein is one ritted pursuant to Section 781	of the dispositions authorized by 30 of the Health and Safety Code	190	uh o mato	12/11/	200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED IN MERIT OF INSPIRAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF F \$13.00	EE PAID 98, DATE PERM Leah A. 12/11/2	Mata	9C. SIGNATURE OF LOCAL RE	GISTRAR ISSUING PE	ERMIT
TION REQUIRES A NEW	IF DEATH OCCURRE	GISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA PO BOX 85 Ca 92186-5222	÷ 222	ADDRESS OF REGISTRA		THE DISTRICT IN CALIFORNIA	Mary Commission Section 8	_
10. AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS				FOR CORONER	S USE ONLY	
B. CREMATION	11A. NAME AND AS Mt. Hope C	ORESS OF CALIFORNIA CEMETER EMPLOY 3751 Marks	RY	Ţ	ED   110	L (ISPOSITION PENDIN (Name and Address)	CHARGE OF BURNA	MES TO
CREMATION		DRESS OF CALIFORNIA CREMAT	ORY			SIGNATURE OF PERSON IN	CHARGE OF CREMA	TION
SCIENTIFIC	13A. NAME AND AL	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAI	NS 13B. DATE RECE	EIVED 130	SIGNATURE OF PERSON IN	CHARGE OF FACILI	ПΥ
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIP	PED 140	ADDRESS AND SIGNATURE OF PLACING WITH THE CAP		NAGE .
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	PYCHENT TO YOU	rest point on shoreline, or ot shtify final place and ca <u>distr</u>		UF 158 DATE OF DISPOSITIO		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUM OF CREMATED MAINS DISPO —IF APPLICAT	D WE-

Ø 001 Ø 1 Ø 1

MT. HOPE CEMETERY

#### INTERMENT ORDER

Atual

City of Ban Diego

~ (1019)507-3403 □ 12/11/03

. DDVOr	Fumoral, date, Hime Warn 1714 9:00
turch, Chapel, Gravesiae	ay Atzlan Mortuny
	of regular work day or an extra cherge of \$
it be applied and billied to undersigned.	
6-50% DI	
a CO Grave O Row	Section Division/Block
tero space & Care Puns	
Sillional appares and care hard	
persing/Closing & Setup	1120 -
	198-
ording Fees	A STATE OF THE STA
best vesse - Harket esting tob	
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SEPTENT SITE HANG SOO	993
(C- /	<u>역연구</u> 7연구의
, D	
we man	recolpt number
- 90Dz	FAN MAN Salance due -
eroby certify I am the	n of remailing adjustment indicated. I continued decade and represent in dress is upon a hold left. Hope Company recording from
of I have the right to make this customization y liability on account of case quitorization	in drul I signing by hold Mt. Hope Complexy Paradess from
The state of the s	Sell De Mac (Deal)
icroby authorize the interment in let i id under ased.	5 Sola Ruse Del
	Sup (200 1/2 021)
THE PERSON NAMED IN THE OWNER, TH	T CONVICAL 2007
12 11	1820 1914 - 200
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	invoice 8

# Dryd

# MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 12-12-03

	d, subject to your rules and regulations, to inter the remains
OF STEVEN L. MI	
ns TS Vault	Funeral, date, time Tues 12/16 (1'.00
Church, Chapel, Graveside	: (A Burical Mortuery.
	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	· · · · · · · · · · · · · · · · · · ·
Lot 102 Grave 4 Row	Section 2 Division/Block 12
Grave space & Care Fund	<u>985-</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u> 412-</u>
Burial Container	ans-
Handling Fees	PAID 2015
Flower vases - Marker setting fee	<u> 138. – </u>
Recording and filing fee	C12 2003 50-
Sales taxes	21.31
Sales taxes MOUNT H	IOPE CENTE LETONAL DUB
	oglid receipt number R 56998 20802.31
	Balance due
I hereby certify I am the SISTE	R of the above named decedent
that I have the right to make this authorize	ation of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorizat	ion and interment.
I hereby authorize the interment in lot I hold under deed.	Strature Charles
NOO GEGOR COME.	Address On S. Kearl Box
Signature of recorded holder of deed	* Compton CA 90221
	310/638-9274
40m	1 332
Work Order # E 18184	Acct. #

# GRAVE BLIND CHECK FORM

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

			Reid	
Seeland	Terry	x		Espaly
			Paniels	

Gertano	Terry	X		Eppaly	rt
			Paniels		
Blind Check Ini		The second second		Date:	37550 - 65
Interment space					
Div: 12 Se	ct: 2 Blk	/Row: _	Lot;		
Grave Laid out Agrees with Le			J NO	Dag	M .
Agrees with Ma	ap: X Yes		10		Mave pave
Agrees with Ma	and Charles	15	VO		mlich

18184

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

4

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

A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAI			TE OF DEATH 4. SEX
IA HESA		SB. COUNTY O	F DEATH—OUTSIDE CALIF	6. NAME, RELATIONSHIP, FULL MAILING OF REGISHANT	ADDRESS AND ZIP CODE
S880EEL C	PRESS OF CALFORNA FUNERAL DIRECTOR OR PER A CHIRALICAL BRAILL CRAFT A FOR BLVD. SAN DIRECT, CA 9		7B CALF LICENSE NUMBER —IF APPLICABLE PD—1357	COMPTON, CALIFORNIA  8A. SIGNATURE OF APPLICANT—Person tols	90221
ACKNOWLEDGMENT OF A	PLICANT I hereby acknowledge as applicant that the proposition Section 10376 of the Health and Safety Code, and was	of disposition stated herein is of authorized persuant to Section	ne of the dispositions authorized by 7100 of the Health and Salety Code.	> 400 Note Denya	14 12/16/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRISONS OF THE CALIFORNIA HEALTH AND SAFETY CO. AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIN THIS PERMIT.  NOTE: THIS PERMIT SHES NO BOSHT OF DISPOSAL OUTSIDE OF CREEN	913.00	J. BESTY	T ISSUED 9C. SIGNATURE OF LOCAL RE 2003 2320521	EGISTRAR ISSUING PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL	PD. ADDRESS OF REGISTRAR OF DISTRICT OF D P. PRATH OCCURRED IN CAUPORNIA VITAL PROCESSOR P. O. BOX 852 SAN DIECO, CA 92186-5222	EATH— 122		IR OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA	
	DSITION(S) CHECK APPLICABLE ITEMS	704-ma		FOR CORONER	'S USE ONLY
D. SCIENTIFIC US		METERY	Service of Dispersion		
BURIAL	SAN DIEGO, CALIFORNIA 92	The state of the s	12-15-0	3 Marid Placio	80.
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CRE	MATORY	128. DATE CREM	The state of the s	
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FAC	CILITY RECEIVING REM	AINS 138, DATE REC	EIVED 13C, SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO		E 148 DATE SHIP	PED 14C ADDRESS AND SIGNATURE OF PLACING WITH THE CAI	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OF FICHENT TO IDENTIFY FINAL PLACE AND CAD	R OTHER DESCRIPTION HISTRICT OF DISPOSITIO	SUF- N DISPOSITIO	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE



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

Date: 1	Decembe	r 15, 20	03	項						
I/We	Frederick	Allen,	2481 G	arden	Way,	Sacran	nento,	Ca 958	333	- 8
DO HE	REBY R	EMISE,	RELEA	ASE, A	AND (	QUITO	CLAIM	THE I	NTERMENT I	RIGHTS
TO V	ernon Pr	osser								
Street A	ddress:	1558 1	Drake C	ourt				LIMBORS A	Apt / Unit #:	
City: 1	Bonita		-	ST:	CA		Z	ip-Cod	e: 92102	V. 146
Telepho	ne#: <u>(</u> (	519) 421	-8880	e).	***			ħ.	S <del>oli Soli</del>	
of San E	Diego, Co	unty of		CONTRACTOR OF THE PARTY OF THE	tate of	Califo	ornia, d	escribe	e Cemetery, in d as follows:	1.74
Division	de te	10	15.13		Sect	tion:		/A "	Blk / Row:	" N/A "
Lot(s):	4816					(	Grave(s	): 1		
interme	VE AND nt rights o	wners,	its succ			ssigns			) unto the abov	e said
	TED IN				F					
•		WITNESS			-	5	707	Legal Ow	ner/Reprehensive Signatu	re
		WITNESS			- 2	77.	-	Legal Ow	ner / Reprehensive Signatu	re
		ette Crav	A CONTRACTOR OF THE PARTY OF TH	- 34		6	- 5	Cemete	ry Reprehensive Signature	<i>D</i> -10-



12/15/2003

15:21

SD MT. HOPE SEMENTERY → 919166489936

NO. 944

D01



# THE CITY OF SAN DIEGO

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

	ASE, AND QUITCLAIM THE INTERMENT RIGHTS
TO Vernon Prosser	
Street Address: 1558 Drake	
City: Bonita	ST: CA Zip-Code: 9210
Telephone #: (619) 421-8880	
of San Diego, County of San D	ent rights situated in Mount Hope Cemetery, in said City lego, State of California, described as follows:  Section: "N/A" Blk/Row: "N/A"
Division: 10 Lot(s): 4816	Section: "N/A" Blk / Row: "N/A" Grave(s): 1
Jodaj. 4610	Glave(a).
WITNESS my/our hand this EXECUTED IN THE PRESENTHE FOLLOWING WITNESS	
douber o. C	7 Thomas Freteric Me.
. WILNESS	Man County, substance, 3-ferrar
Paulette Crawford	( Gradiny Reproductive Agriculture
ender by a designation of the	
DAY OF A BEFORE ME	I IARSHA E. VARGAS C ammission # 1355535 No lary Public - California Secremento County My C arrent. Expires May 6, 200
	Mt. Hope Cemetery
و المعالم ا	at and Recognice = 3751 Market Street = San Diego, CA 92102-4527

Tel (619) 527-3400 - Fox (619) 527-3403

# Anderson -Ragsdale Mortuary

CA License No. FE-1329 5050 Federal Boulevard San Diego, California 92102 (619) 263-3141 Fax: (619) 263-1507

December 15, 2003

Paulette:

Fred Allen - Seller 2481 Garden Way Sacramento, CA 95833

Home Phone: (916) 922-3142

Fax: (916) 648-9936 - at the UPS Store

Division 10; Lots 4816 4817 & 4818
Please select one of the lots on the end for transfer.
Neither Mr. Allen nor Mr. Prosser has a preference.

Vernon Prosser – Purchaser 1558 Drake Court Bonita, CA 91902 (619) 421-8880

# Atual

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date_12 | 15 | 03

	ct to your rules and regulations, to inter the remains
or etta to	A 160 227310
ina TS yoult Fu	neral, date, time Wed 17 7 2:00
Church, Chapel, Greveside	Ragedale Mortuery.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned.	2 7-1-4
Lot 4816 Grave 1 Row	Section Division/Block_\(\tau\)
Grave space & Care Fund	
Additional spaces and care fund	Xter. 50-
Opening/Closing & Satup	AID 275-
Handling Fees	- PA-
Flower vases - Marker setting feeDEC	1 5 2003
Recording and filing fee	5U-
Sales taxes MOUNT HC	PE CEMETERY 21-31
11100000	Total Due
Paid rec	eiot number
40	Balance due
I hereby cartify I am the	of the above named decedent remains as above indicated. I certify and represent of I agree to hold Mt. Hope Cemetery harmless from I interment.
hold under deed.	X 1558 Deate cut
Signature of recorded holder of dood	X Bosita 91902
Daw-	9 (dq) 421 8880 20 Code Telephone
(10)	Involce #
Work Order # E 18185	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.

E	Kariya			Pring		the Carrier
	170					
	Ba	ar	x			Kwak
*	×.	aps	\$ Ka	ms		
nterment sp nterment D	ate: <u>W</u>	ed 12	17 7		2:0	
Div:_ <u>[O</u>	Sect:_	BII	k/Row:	Lot: <u>(</u>	Part Comment	
Grave Laid	out by:_	Norm	an fe	<del>des</del>	•	20.00
Agrees with				1 NO 4	کمعی دره	J
Agrees with	Map: 2	Yes		lo	Ra	be-

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10

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

A NAME OF DEC	EDENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEA	
Genetta		Ophelia	Allen			11763/1931	12/09/200	3 F
SA. CITY OF DEAT	TOTAL CO.	The state of the s	PARTY DEADE	TH-OUTSIDE CALIF.		RELATIONSHIP, FULL N	MAILING ADDRESS AN	D ZIP CODE
	Diego			San Diego		on S. Pros	ser, Son	
		NA-FUNERAL DIRECTOR OF PER DITUATY, 5050 Fe	A STATE OF THE PARTY OF THE PAR	LANCON CONTROL OF THE PARTY OF	00004773577556	B Drake Cour Lta, CA 9190		
San Dieg	o, CA 92102		F	D-1329	8A. SIGN	ATURE OF APPLICANT	Person jaking permit 88.	DATE SIGNED
ACKNOWLEDGMENT	OF APPLICANT I hereby Section I	achieveledge as applicant that the propositions of the Health and Safety Code, and we	ed dispesition stated herein is one of t es authorized pursuant to Section 7100 et	the dispositions authorized by the Health and Safety Code.	>1(	milan	Luc 12	/11/200
PERMIT AUTHORIZATION O	SIONS OF THE CALL AND IS THE AUTHOR F IN THIS PERMIT.	SUED IN ACCORDANCE WITH PR IFORMA HEALTH AND SAFETY C ITY FOR THE DISPOSITION SPECI NO MIGHT OF DISPOSIN, OUTSING OF CALIFI	PRED 13.00	12/15/20 B. Campb	003	2320449	OCAL REGISTRAR IS	SUNG PERMIT
NY CHANGE IN DISPO TION REQUIRES A NE PERMIT TO SHOW FIN DISPOSITION,	Vital Reco	REGISTRAR OF DISTRICT OF C MED IN CALIFORNIA Drds, P.O. Box 8 CA 92186-5222	l s	DORESS OF REGISTRAR  DISPOSITION IS TO OCCU				
	ICLUDES ENTOMBMENT)		E. TEMPORARY, EN	VAULTMENT		L DISPOSITION	PENDING-REMAIN Address)	S LOCATE
B, CREMATIC C, DISPOSITI THAN IN 1	N ON OF CREMATED REI CEMETERY USE		F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OU		D   11C		Address)	
B. CREMATIC C. DISPOSITI THAN IN 1 D. SCIENTIFI BURIAL	N OF CREMATED REACTOR USE	MAINS OTHER ADDRESS OF CALIFORNIA CE	F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OU	FORNIA TSIDE OF CALIFORNIA	D   11C	(Name and	Address)	
B. CREMATICAL  C. DISPOSITI THAN IN	N OF CREMATED REACTOR OF CREMATERY : USE  11A. NAME AND A Mt. Hope San Diego	ADDRESS OF CALIFORNIA CEN	F DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OU METERY MARKET Street	FORNIA TSIDE OF CALIFORNIA	<b>\</b>	(Name and	Address) ASON IN CHARGE O	F BURIA
B. CREMATIC  C. DISPOSITI THAN IN 1  D. SCIENTIFI  BURIAL  CREMATION  SCIENTIFIC  USE	N ON OF CREMATED REAL CEMETERY: USE  11A. NAME AND A Mt. Hope San Diego  12A. NAME AND A	ADDRESS OF CALIFORNIA CEN Cemetery, 3751	F DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OU METERY Market Street	FORNIA TSIDE OF CALIFORNIA 118. DATE BURNE	TED 120	SIGNATURE OF PER	Address) RSON IN CHARGE O SON IN CHARGE OF	F BURIA
B. CREMATIC C. DISPOSITION THAN IN 1 D. SCIENTIFI BURIAL CREMATION SCIENTIFIC	NON OF CREMATED REAL CEMETERY: USE  11A. NAME AND A  12A. NAME AND A  13A. NAME AND A	ADDRESS OF CALIFORNIA CEI Cemetery, 3751 1 , CA 92102 ADDRESS OF CALIFORNIA CRE	F DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OUT METERY MATKET Street  EMATORY  CILITY RECEIVING REMAINS  E OR COUNTRY WHERE	FORNIA TSIDE OF CALIFORNIA 118. DATE BURBE 12.17-C3	TED 120	SIGNATURE OF PER	Address)  RSON IN CHARGE OF  RSON IN CHARGE OF	F BURIA

COPY 2

### MT. HOPE CEMETERY

### INTERMENT ORDER

Date	12	15	103	
	- 7			

INTERM	ENT ORD	ER	
At Need city.	of San Diego	Date_ 12//	5/03
You are hereby authorized and instructed, su		and regulations, to i	1
Lines Lines	mado	0	
Type of Burlel Container	Funeral, date, time	ARIDIN	,
Church, Chapel, Graveside	; <u>C</u>	A BURIA	Adam.
All Funeral care must arrive before 3:30 p.m.	or regular work day	y or an extra charge	OI \$
will be applied and billed to undersigned		-6	-
Lot 124 Grave 12 Row	Section	2_ Division/B	and the same of th
Grave space & Care Fund			985.00
Additional spaces and care fund	***************************************		-
Opening/Closing & Setup		$1 \rightarrow$	1413,00
Burial Container		11	209.00
Handling Fees	<del>\ \ \</del>		160.00
Flower vases - Marker setting fee	11/	LV	
Recording and filing fee			50,00
Sales taxes	<i>]</i>		16.20
	To	otal Due	1,833,20
Paid	receipt number	4	
		Balance du	
I hereby certify I am the and this is your euthority to make disposition that I have the right to make this authorization any liability on account of said authorization to the control of	n and I agree to hol	we indicated. I certi	named decedent fy and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Signature 10	140 Peggs	s ave
Signature of recorded holder of dead	(m) 80	W Diego	CA 92126
ulette _	8.58 Telephone	- 578-90Z	3
Work Order # E 18186	Invoice # Acct. #		
REA-104 (7-98) This 121	16 , E		ts upon request.
	nactu.	0	
1	Martin. () Bures Olledt		
	- 10 Dx	0 0	
	Julio	celled	
	Com		

### MT. NOPE CEMETERY

### INTERMENT ORDER

Atheed

City of San Diego

Date 12/15/03

ina	Funeral, date, time Tues, Dec	16, 1:00
Type of Berlal Container Church, Chapel, Graveside	Greenword	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of	\$
will be applied and billed to undersigned	<b>.</b>	
Lot 129 Grave Row	Section Muslimbivision/Bloc	<del>*-</del>
Grave space & Care Fund E	-17429	0
Additional spaces and care fund		_
Opening/Closing & Setup	-17429	0
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filling fee	E-17429 E-17429	0
Sales taxes	E-17429	.0
	Total Due E-17429	0
	Paid receipt number	4
	Balance due .	0
I hereby certify I am the	seltigin of remains as above indicated, I certify : ization and I agree to hold Mt. Hope Cemetery I	and represent narmless from
Bignature of recorded holder of deed	- San Diego Ca (City) 479-1461	92114 , Zap Code
Work Order # E 18187	Invoice #	

### MT HOPE CEMETERY

### GRAVE BLIND CHECK FORM

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

	4
Lot 129	
<b>x</b>	
Lot 129	

		4	140	
Blind Check Initiate	ed By:		Date:	
Interment space for	: Edward	LHamed	Mara	/
Interment Date: 1	116/03	Time:	(:00	
Div: Sect:	uslim BIK/RO	w: Lot:	129	Gr:
Grave Laid out by:	Norman ?	Perquer		
Agrees with Legal	Card: 🗹 Yes	ON D		
Agrees with Map:	Yes	□ No		
Blind Check & Ver	ified By	Moriega	Date:	12-15-03

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

61

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

IA. NAME OF DECEDE	INT-FIRST (GIVEN)	IB. MIDDLE	1C. LAST (FA	MLY)	2. DATE OF BIRTH   3. DATE OF DEATH   4. SEX
EDWARD		Α	IZA	UD .	11/04/1942 12/13/2003 M
SAN DIEGO			68 COUNTY O	F DEATH—OUTSIDE CALIF., TE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANY ETHEL IZARD-WIFE
A. TYPED NAME AND AL	DORESS OF CALIFORN	IA—FUNERAL DIRECTOR OF - I—805 & IMPI SAN DIEGO,	ERIAL AVENUE	7B. CALIF. LICENSE NUMBER	
MONHOUN-EDGMENT OF N	PPUCART   Section II	especially as applicant that the p	roposed disposition stated herein is and was authorized pursuant to Section	one of the dispositions authorized by 7100 of the Health and Safety Code.	NE R7 12/16/200
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH FORMA HEALTH AND BAFE TY FOR THE DISPOSITION S	PECIFIED \$13.0	PEE PAID 98. DATE PERM 12/16/20 K JONE	003 2320533
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX				R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
B. CREMATION	OF CREMATED REMEMBERRY	e = [†] i≠i	F. DISINTERMI	Y ENVAULTMENT ; ENT CALIFORNIA D OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY  I. DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
BURIAL		DORESS OF CALIFORNIA EMETERY, 3751 CA 92102		118. DATE BUR	Mountain Services
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA	CREMATORY	128. DATE CREM	
5	13A. NAME AND A	DORESS OF CALIFORNIA	FACILITY RECEIVING REM	AINS 138. DATE REC	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	<b>™</b>				
SCIENTIFIC USE TRANSIT	14A. NAME AND A	DORESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHER E TO BE SHIPPED	E 14B. DATE SHIP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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



### MT, HOPE CEMETERY INTERMENT ORDER

, d CI	y of San Diego	A650000	
H Need CI	and the same of th	Date 12/1	15/03
You are hereby authorized and instructed, of Qudrey Lee	- Legono 2	27317	/
in a T. S. Www.Ut	_Funeral, date, time	1 24	c19, 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.	15-1	*	
Lot 110 Grave 4 Row	SectionC	Division/B	
Grave space & Care Fund			985.00
Additional spaces and care fund	DAID		
Opening/Closing & Setup	PAIU	·····	413.00
Burial Container	Wa	77.	275.00
Handling Fees	JEC 1 / 2003		204.00
Flower vases - Marker setting MOUNT	HOPE CEMETE	. DV	
Recording and filing fee		-131	50.00
Sales taxes		*************	2/3/
	Total	Due	1948.31
Pa	id receipt number 5	7011	1948.31
		Balance due	Ø
I hereby certify I am the Hush	and	of the shows r	t named decedent
and this is your authority to make disposit that I have the right to make this authorizati	on of remains as above ion and I agree to hold M	indicated, I certif	v and represent
any liability on account of said authorization	n and interment.	7000000145.750°C C044	E NEW STREET
I hereby authorize the interment in lot I	+mil	dredding	ions
hold under deed 03903:07 111	211 50.	Exclidi	4e
Standard of recorded holder of dead	3	lego ca	+92114
	(619) 50	- 121	
Paulate	Telephone		
	Invoice #	- 68	
Work Order # E 18188	Acct. #		

REA-104 (7-96)

This information is available in alternative formats upon request.

### MT HOPE CEMETERY

* CDAVE B	I IND CH	FCK FO	DM	
GRAVE B	LIND CH	ECK FO	KIVI	_
Write in the name of the de block marked with "X". Platexisting marker's in the app the burial space.	ce the nam	e's, lot # a	and grave #	of all
Haysam	x		SAMSON	
testers		Rogari		
Blind Check Initiated By:	drey of	L. Lyo	mo	Z/K/03
Interment Date: 12/19/0			-214	. 6
Grave Laid out by:			~	
Agrees with Legal Card:		J Nò	Teg ge	ul
Agrees with Map:   Yes  Blind Check & Verified By;		No '	Date:	

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

 $\mathcal{S}$ 



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

A. NAME OF DECEDE AUDREY	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH		4. SEX
SAN DIEGO		7	SAN DIEGO		6. NAME, RELATIONSHIP, FUL MILDRED LYONS-		P CODE
		& BURIAL CHAP SAN DIEGO, CA	PSON ACTING AS SUCH 78. CA PL 92115 FI	LIF. LICENSE NUMBER F APPLICABLE D—1357	211 SO EUCLID SAN DIEGO, CA BA. SIGNATURE OF APPLICAN	92114	'E 'SIGNED
ACKNOWLEDGMENT OF A			used disposition stated herein is one of the		Just 3	Confe 1 12/1	9/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH P CORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC BIEST OF DEPOSAL OUTSIDE OF CALL	\$13.00	98. DATE PERMIT 12/19/20 J. BENYA	03 2320814	LOCAL REGISTRAR ISSUM	IG,PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	RUSAFOUL BOX 8. CA 92186-5222	5222		OF DISTRICT OF DISPOSITION OR IN AMOTHER DISTRICT IN CA		
O. AUTHORIZED DISP	OSITION(S) CHECK A	L'ELEMONE (LEMO					Y (
A BURIAL ONCLU	OF CREMATED REM. EMETERY SE	AINS OTHER	EXTEMPORARY ENV.  F. DISINTERMENT  G. SHIP IN TO CALIF	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIEI	(Name and	ION PENDING REMAINS Lead Address) PERSON IN CHARGE OF B	OCATED. A
A BURIAL ONCLU B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMEMETERY BE  11A. NAME AND AL  MT. HOPE  3751 MARK	AINS OTHER  DORESS OF CALIFORNIA CE	F. DISINTERMENT  G. SHIP IN TO CALIF	ORNIA SIDE OF CALIFORNIA	O 11C. SIGNATURE OF I	ION PENDING REMAINS LO d Address)	URIA URIA
A BURIAL ONCLU B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	OF CREMATED REMEMETERY BE  11A. NAME AND AL  MT. HOPE  3751 MARK	AINS OTHER  DORESS OF CALIFORNIA CE  CEMETERY  ET STREET SAN	F. DISINTERMENT  G. SHIP IN TO CALIF	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIE	O 11C. SIGNATURE OF I	PERSON N CHARGE OF B	URIN D
A BURIAL ONCLU B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC LISE	OF CREMATED REMEMETRY SE  11A. NAME AND ALM MT. HOPE  3751 MARK	ANNS OTHER  DORESS OF CALIFORNIA CE  CEMETERY  ET STREET SAN  DORESS OF CALIFORNIA CE	F. DISINTERMENT  G. SHIP IN TO CALIF	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIES 123-14-03 128. DATE CREMAT	O 11C. SIGNATURE OF I	PERSON IN CHARGE OF CR	URIAN EMATION
A BURIAL ONCLU B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE  11A. NAME AND AL  12A. NAME AND AL  13A. NAME AND AL  13A. NAME AND AL  14A. NAME AND AL	ANNS OTHER  DORESS OF CALIFORNIA CE  CEMETERY  ET STREET SAN  DORESS OF CALIFORNIA CE	F. DISINTERMENT  G. SHIP IN TO CALIF  H. TRANSIT TO OUT:  EMETERY  DIEGO, CA 92102  REMATORY  ACILITY RECEIVING REMAINS  TE OR COUNTRY WHERE	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIES 123-14-03 128. DATE CREMAT	Name and Nam	PERSON IN CHARGE OF CR	URIA DEMATION

# Atrud

REA-104 (7-98)

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Data 12/15/03

In a	TVO STURY
Funeral, date, time  Church Container All Funeral dare 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	<u>s</u> -
Church Church Container Church Container Church Chu	<u>s</u> -
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$	<u>s</u> -
will be applied and billed to undersigned.  Lot	<u>5</u> <u>s</u> -
Corave space & Care Fund  Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases – Marker setting fee  Recording and filling fee  MOUNT HOPE CEMETERY  Sales taxes  Total Due  1837  Red receipt number  Balance due	2 5 - 8-
Additional spaces and care fund  Opening/Closing & Setup.  Burial Container.  Handling Fees.  Flower vases – Marker setting fee.  Recording and filling fee.  MOUNT HOPE CEMETERY  Sales taxes.  Total Due	<u>5</u> ====================================
Additional spaces and care fund  Opening/Closing & Setup.  Burial Container.  Handling Fees.  Picc 2 3 2003  Flower vases - Marker setting fee  Recording and filling fee.  MOUNT HOPE CEMETERY  Sales taxes.  Total Due	5 - 3 - 9 -
Opening/Closing & Setup.  Burial Container.  Handling Fees.  Flower vases – Marker setting fee  Recording and filing fee  MOUNT HOPE CEMETERY  Sales taxes.  Total Due. 1833  Resid receipt number 257027 (833)  Balance due	3- 9-
Burial Container  Handling Fees  PEC 2-3-2003  Flower vases - Marker setting fee  Recording and filing fee  MOUNT HOPE CEMETERY  Sales taxes  Total Due 1833  Resid receipt number 257027 (833)  Balance due	3 <u>-</u> 9-
Handling Fees DEC 2 3 2003  Flower vases - Marker setting fee MOUNT HOPE CEMETERY  Sales taxes Total Due 1833  Recording and filing fee MOUNT HOPE CEMETERY  Sales taxes Total Due 1833  Red receipt number R 570 27 (833)  Balance due	9-
Recording and filing fee MOUNT HOPE CEMETERY  Sales taxes  Total Due 1832  Regid receipt number 257027 (833)  Balance due	
Recording and filling fee MOUNT HOPE CEMETERY  Sales taxes  Total Due 1832  Regid receipt number 257027 (833)  Balance due	0-
Sales taxes  MOUNT HOPE CEMETERY  19  Sales taxes  Total Due	
Monthwary 2 Pary Total Due 1837  Raid receipt number 257027 1837  Balance due	2 ~
Belance due	00
Musting Balance due	5.X
Belance due	3.20
* ONOther	<u>&gt;~</u>
LINGUIT COUNTY I WILL THE COUNTY INCIDENCE OF THE COUN	cedent
and this is your authority to make disposition of remains as above indicated. I certify and rei that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles	present se from
eny liability on account of said authorization and interment.  Livida Harehall	
I hereby authorize the interment in lot I	_
hold under deed.	
Signature of recorded holder of deed TYON	
(614) 211-411	
Law-	Zip Code
10100 Invoice #	Zip Code
Work Order # E 18189 Acct. #	Zip Code

© Printed on respelled paper

This information is available in alternative formats upon request.

### MT HOPE CEMETERY E 18189

GRA'	VE BLIND CHECK	FORM
lock marked with "X"	ne deceased for which Place the name's, lo e appropriate space(s	t # and grave # of all
		Davis
	x	
	Miller	
Blind Check Initiated	NA BUREAU	Date: _12\l
Interment space for:_ Interment Date:	Clinique WS 12/18 Time:	Pichardso 1:00
Div: <u>1 ≥</u> Sect: <u> </u>	BIK/ROW:I	Lot: 14 Gr: 11
Agre∋s with Legal Ca Agre∋s with Map: ☐		frag on grave
	ed By: Kennett Co	Vins Date: 12/17

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (F.	AMILY)		2. DATE OF BIRTH	3. DATE C		4. SEX
Clinique		Marie	Richa	rdson		05/06/1984	12/12	72003	F
SA. CITY OF DEATH	*	h:		OF DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL M	Company of the Compan	The state of the s	P CODE
San Die	Diego San Diego Li		Lind	Linda Marshall Palmer, Mother					
		A-FUNERAL DIRECTOR OR PERSON			10-0-600-1300-05	Lyon Stree		3000100000-D	*
San Diego	, CA 92102	983		FD-1329		ATURE OF APPLICANT		nt, BB. DAT	E SIGNED
ACHNOWLEDGMENT OF A	PPLICANT Section 10	achnowledge as applicant that the proposed of 1376 of the Health and Safety Code, and was co	thorond pursuant to Section	on 7100 of the Health and Safety Code.	1		LL	-	5/2003
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORS IN THIS PERMIT.	JED IN ACCORDANCE WITH PROV CORNIA HEALTH AND SAFETY COO ITY FOR THE DISPOSITION SPECIFIE ID NIGHT OF DISPOSAL OUTSIDE OF CALFORNI	13 00	2F FEE PAID   98. DATE PERM   12/16/2   B. Camp	003	2320513	CAL REGIST	rar issuin	IG PERMIT
ANY CHANGE IN DISPOSI-	Vital Reco	EGISTRAR OF DISTRICT OF DEA ID IN CALIFORNIA rds, P.O. Box 852 , CA 92186-5222		9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OCC			RNIA	and and	
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	No. of the control of	-th		FOR COR	ONER'S	SE ONL	
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REM	AINS OTHER	F. DISINTERN	RY ENVAULTMENT MENT D CALIFORNIA TO OUTSIDE OF CALIFORNIA		L DISPOSITION (Name and A		LIMINES LI	XXIED AI
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA CEME Cemetery, 3751 Ma , CA 92102	The state of the s	et 118. DATE BURI	ED   110	SIGNATURE OF PER	SON IN CHA	VAGE OF B	URIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND A	DDRESS OF CALIFORNIA CREM.	ATORY	12B. DATE CREM	ATED 120	SIGNATURE OF PER	SON IN CHA	RGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILI	TY RECEIVING RE	MAINS 138, DATE RECE	EIVED 13C	C SIGNATURE OF PER	SON IN CHA	URGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE C CREMATED REMAINS ARE TO E —		RE 148. DATE SHIP	PED   140	OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	rest point on shoreline, or entify final place and ca <u>dis</u>				SIGNATURE OF PER CHARGE OF DISPOS			MATED RE- DISPOSER

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

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

has	Date 3 16 03	
	2273 3/	
You are hereby authorized and instructed, sul		
	do Weyant	1500
In a T.S. Vault	Funeral, date, time Friday Decer	ber26
Church, Chapel, Graveside De IVEC	only: Ciculon (11).	Mortingry
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of	prinson
will be applied and billed to undersigned		
Lot 2362 Grave Row_	Section Division/Block	-10
Grave space & Care Fund	128	J Sc.
Additional spaces and care fund		
Opening/Closing & Setup	25	-
Burial Container S- La	727 = =	A18
Handling Fees C-6	729 =	
Flower vases - Marker setting fee		
Recording and filling fee		
Sales taxes	703 Total Due	
DEC 16 A	Total Due	0
MOUNT HOPE'S	angin Chiling RY	-
MOUNT HOPE	Relance due	0
	HEW of the above name	4.4
I hereby certify I am the	of remains as above indicated. I certify an and I agree to hold Mt. Hope Cemetery has	d represent
any liability on account of said authorization a	(1)	A CONTRACTOR OF THE STATE OF TH
I hereby authorize the interment in lot I	1 00000000	er-
hold under deed.		LANE
Signature of recorded holder of dead		A9212(
	° 858-271-090	5 Zip Crossa
O Lotte	Felephone	(
four -	Invoice #	
Work Order # E 18190	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.

		(\$E)		<del> </del>		
meriuether.	CHARLES	MENT	x	á	\$ KREINBER	METZLER
-			La .	145		ka di

		Ì			
		sy:Paule			12/24
Interment s	space for:C	eorge w	Weya	nt le	livery
		26-03			- 1
Div: 10	Sect:	Blk/Row	/: L	ot: <u>236</u> 2	Gr:_/
Grave Laid	d out by: <u>N</u>	orman	tren		
		rd: 🗹 Yes	□ No	> 1090m	101
Agrees wit	h Map: 🗹	Yes n	□ No .	K (O)	agou -
Blind Chec	k & Verifie	d By: Alans	1 More	Date	<u> </u>

18190

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	NT—FIRST (GIVEN)	1B. MIDDLE WALDO	1C. LAST (FAMILY) WEYANT		N.	DATE OF BIRTH	3. DATE O	AY. YEAR	4. SEX
5/	EL JADIDA			58. COUNTY OF DEAT ENTER STATE	H-OUTSIDE CALIF.	8. NAME, R	ELATIONSHIP, FULL M	IAILING ADDRE	ESS AND ZI	777
7,			A FUNERAL DIRECTOR OR PER		LIF. LICENSE NUMBER IF APPLICABLE	11744	JOHNY LN DIEGO, CA 9			
_	684 S MOLL		L CAJON, CA 920:		<b>-10</b> 22	BA. SIGNAT	URE OF APPLICANT-	erson taking permi	BB. DATE	SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT   I hereby a Section 10	classificate as applicant that the propose 376 of the Health and Safety Code, and we	d disposition stated herein is one of the a authorized pursuant to Section 7100 of the	e dispositions authorized by he Health and Safety Code	Ma	Mybers	4	12/2	4/200
	PERMIT UTHORIZATION OF OGAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH PR ORNIA HEALTH AND SAFETY CO Y FOR THE DISPOSITION SPECIA D RIGHT OF DISPOSAL DIVISION OF CALIFO	FIED \$33.00		003	2321144	CAL REGISTE	RAR ISSUM	G PERMIT
.7	TY CHANGE IN DISPOSI- ION REQUIRES A NEW BRAIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF RE IF DEATH OCCUMPS	GISTRAR OF DISTRICT OF D D IN CALIFORNIA	P	ORESS OF REGISTRAF DISPOSITION IS TO OCC O BOX 85222 N DIEGO, CA	UR IN ANOTH	HER DISTRICT IN CAUFO	RNIA		
10	. AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS			1	FOR COR	ONER'S U	SE ONLY	
	B. CREMATION	11A, NAME AND AL	AINS OTHER  DORESS OF CALIFORNIA CEN	E. TEMPORARY ENV.  F. DISINTERMENT  G. SHIP IN TO CALIFI  H. TRANSIT TO OUTS	ORNIA		I. DISPOSITION (Name and A	ddreas)		
	DUMINI.		ET STREET/SAN D	1EGO, CA 92102	12-26-0	23	Sum F	-	ones.	234.0 American
ABLE ITEMS	CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMA	TED   12G.	SIGNATURE OF PERS	SON IN CHAR	GE OF CRE	MATION
ALL APPLIC	SCIENTIFIC USE	N/A	DDRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C.	SIGNATURE OF PER	SON IN CHAI	RGE OF FA	CILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP		ADDRESS AND SIGN OF PLACING WITH T		erson in	CHARGE
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, o intify final place and ca <u>d</u>		158. DATE OF DISPOSITION		SIGNATURE OF PER: CHARGE OF DISPOS		OF CREM MAINS DI —IF APPL	SPOSER

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

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 12/14/53

		CK 23	58-11
Type of Burtal Container	Funeral, date, t		M San M S
Church, Chapel, Graveside	:		Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work	day or an extra c	harge of \$
will be applied and billed to undersigne	ed		
or LOB Grave Ro	ow Section	, <u>3</u> Divi	sion/Bleek GAR
Grave apace & Care Fund		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Additional spaces and care fund			
Opening/Closing & Setup	OAID	Ĺ	
Burial Container	Phi-		
Burial Container  Handling Fees  Flower value - Marker setting fee	JEC 16 X	<i>0</i> 3	
Flower vases - Marker setting fee	UCU	THE TENT	
Recording and filing fee	SHEET	CEILIE	_50-
Recording and filing fee	MOUNT TO	***************************************	.,
2992109	<b>W</b> 3556	Total Due	_50 -
	Paid receipt number	IN MAD	C 50-
	C 20 00 00 00 00 00 00 00 00 00 00 00 00	Balan	ce due 🗢
4	.0.		Λ
hereby certify I am the and this is your authority to make disp	position of hemains as	above indicated.	bove named decedent I certify and represent
and this is your authority to make disp that I have the right to make this author any Eability on account of said authori	zation and interment.	hold Mt. Hope Ce	meter harmings from
	Landa	ulusali	Mari Co
hereby authorize the interment in lot hold under deed.	Blandaro	) C 33(	A starto
X	Abdress	7 2 - 22	0.0 (3
Signature of recorded holder of deed	City .	حرح	0,2113
2 m	Telephone	9) 239	M71
TWIP .	Involce		
E 40404	III VOICE		

XFer

# POWER OF ATTORNEY SPECIAL

KNOW ALL MEN BY THESE PRESENTS	Some R. Ciali
Uprainafler individually and/or collectivaly "n	rincipal", hereby makes, constitute and appoint
David N Swim DRA Cometery Sales Infor	mation Services and any of its authorized agents principal's
true and lawful attorney to act for principal's i	
	(their) place in all matters pertaining to the sale, disposal,
	or parties to that certain parcel of Cemetery Property
described as:	of parties to that cortain parcel of confectly froperty
CEMETERY DESCRIPTION:	
	SEC GAR DIV 3
LOT 61B GR(2) + L	322 0112 317 2
This listing and Power of Attorney: (check on	e only)
May NOT be cancelled for 5 ye	ars from the date of listing. No fee
	AANG AARD
May NOT be cancelled for One	(1) year from the date of listing. \$ 25, fee
May be cancelled at any time by	y giving ten (10) days written notice, provided no sale
	its agents at the time. \$50 fee
	d N. Swim, DBA Cemetery Sales Information Services.
This Power of Attorney shall not be affected b	[1] 전 그리고 있는 경우 (1) 전 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	V
Principal hereby grants to said attorney in fact	full power and authority to do and perform each and every
[[요일] '이번 [] [[에 되었다. 다양에 되었다. 아이를 보면 있는데 있는데 되었다. 그렇게 되었다. 그렇게 되었다. 그리고 말이 어느를 보는데 되었다.	venient, in connection with any of the foregoing, as fully, to
	could do if personally present, hereby ratifying and
confirming all that our said attorney in fact sh	all lawfully do or cause to be done by authority hereof.
Wherever the context so requires, the singular	number includes the plural.
10.	1 - 1 - 2
WITNESS my hand this // day of	
8 000	1, 11(0.
Mary K. Usig	- Mayer Vara
Principal's Signature	Principal's Signature
GEORGE K. CRAIG	ARDYS CRAIG U
Print Name	Print Name
STATE OF California	
STATE OF Cally STATE	
COUNTY OF San DIEGO	}ss.
COUNT OF SET 1747	
On this 12t day of April	in the year of 2002, before me, the
	e, personally appeared George and Ardys CRAIG
personally known to me (or proved to me basi	s of satisfactory evidence) to be the person S whose
	nent, and acknowledged to me that he/she/they executed the
	d that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which t	he person(s) acted, executed the instrument.
	$\mathcal{O}$ , $\mathcal{O}$
WITNESS my hard and three FARBUK GEWARG	19vout TXPNage
COMM. #1215311	Notary Public in and for said State
W SAN DIEGO COUN	
ALL CAME FOR AND	



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

2/12/1968 r 353%

TO George R. and		RSHIP AND IN	TERMENT PR for the sum of		200.00	(DOLLARS)
LEGAL DESCRIPTION_	Lot 61B	Grave 1 ar	d Grave 2	Section	GAR	Division 3
AS DESCRIBED ON PUR	CHASE ORD	er number	C-5442	90 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	_	
According to a map of s held for burial privilege hereafter be adopted, in Cemetery. The rights he of the Cemetery Authorit	s only with cluding the re creby conveye	endowed care. ight to ingress a ed for interment	Subject to all and egress wit privileges sha	rules and r h essentials ll not be rel	egulation for care inquished	s now in force or may and operation of the without the consent
It is expressly understo repairs to any monument, after be erected or place of plot. In no case will natural causes of deteri- ment of the Cemetery. T	head stone, d on said lot the Cemeter oration, but t	vaults or other or plot. Cost of y Division be re eserves the righ	improvements of same shall be sponsible for a to remove a	of like natur assumed by damage, mal ny object th	e that is legal own icious mi	already, or may here- ner or representatives schief, vandalism and
Dung	I	'lush Marker	or Monum	ent_	700	6)
Cemetery Manager	100 _			Publ	ic Works D	Director .

FORM PH-584

#### MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego	
Pre-ried Date 12/17	103
You are hereby authorized and instructed, subject to your rules and regulations, to in	ter the remains
Barbara 2 Retugor many Leu milles	not trip remaine
in a Funeral, date, time	
Type of Buriel Container Church, Chapel, Graveside;	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned.	
Lot 23 Grave / Row Section 8 Division/B	look <u>3</u>
Grave space & Care Fund	0_
Additional spaces and care fund	
Opening/Closing & Setup	232,00
Burial Container FAID	122.00
Handling Fees DEC 1 7 2003	132,00
Flower vases - Marker setting fee	
Recording # MOUNT HOPE CEMETERS	100.00
Sales taxes	946
Total Due	59546
Paid receipt number R-5700 9	595.41
Balance due	0
I hereby certify I am the of the above ment and this is your authority to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemeters any liability on account of said authorization and interment.	amed decedent y and represent y harmiess from
Thereby authorize the Interment in lot I	eles)
XxxxxxXVXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2.54
Existence of recorded politics of closed ( 19-691-9018 Telephone	a. 91910 Zu Code
a rate	
Work Order # E 18192 Acct. #	
TOTAL STATE OF THE	

### MT. HOPE CEMETERY

### INTERMENT ORDER

pre-noed city or s	an Diego Date /⊋//7	103
ישק יש		
You are hereby authorized and instructed, subject		e remains
y for Waven Oak	land	
n aFune	eral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m. of re	egular work day or an extra charge of \$_	
will be applied and billed to undersigned.		2 16
	Section Division/Bleek	3_
Grave space & Care Fund B- 1937		0-
Additional spaces and care fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Opening/Closing & Setup	<u></u>	6.00
		61.00
		6,00
Flower vases - Marker set (104 7 2003	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Recording and filing fee		50.00
Seles taxee MOUNT HOPE CEME		4.73
	Total Due2	77.73
Paid recei	ight number 1-5700 9 29	17.23
	Belance due	2_
hereby certify I am the and this is your authority to make disposition of r that I have the right to make this authorization and	of the above named	represent
any liability on account of said authorization and i	nterment.	The sea moin
hereby authorize the interment in lot I	Martine Peterso	3)
Mary Jones Meller	La Mesa Ca	91942 20 Code
Paulette	(619)465.5224	
The state of the s	Invoice #	
E 18193	A supplied	

# Atual

### MT. HOPE GEMETERY

### INTERMENT ORDER

City of San Diego

Date 12 17 03

	bject to your rules and regulations, to inter the remains
o tsaca t	irkpatrick 327315
in a TS Vaust	Funeral, date, time + 12/19/11:00
Church Change Consended by The Kill	use Ragsdale Mortuary.
All Funeral care must arrive before 200 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
	Section Division/Block GAR
Grave space & Care Fund	XFer E18191 -0
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	PAID gs
Hendling Fees	304-
Flower vases - Merker setting fee	DEC 1 9 2003
Recording and filing fee	
Sales taxes M(	DUNT HOPE CEMETERY 21.31
mostrary 2 pary	(A) Total Due
) Buid	receipt number 17 - 5. [02.1] 9(03.3)
and the second second second	Balance due
I hereby certify I am the	of the above named decedent
that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery harmless from
	* 0
I heraby authorize the interment in lot I hold under deed.	X reliable
	1800 Leel
Signature of recorded holder of deed	Zip Cooks
ram	Telephone
10-11	Invoice #
Work Order # E 18194	Acd. #

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

12/17/03

	bject to your rules and regulations, to infer the remains,
0_1307a K	rk padrick
no TS vaust	Furneral, date, time FT: 17(4) 11:00 AM
Control Chapal Printed	ese. Rossdale way
All Funeral care must entire before 200 p.m.	of regular work day or an entra sharge of \$
will be applied and billed to undersigned	
	200
La COLB Gran _ Avis_	Section DMniorv@lock
Grave space & Care Fund	XFer E18191 -
Additional spaces and pure fund	
Opening/Glosing & Salup	<u> </u>
Burlai Container	ab-
Handling Fost	<del>204</del> -
Flower Vance - Marker setting les	
Recording and tiling fee	<b>a</b> 0
Salar taxon	18.16
wagness 3 bank	receipt number
I hereby certify I am the X BRS and this is your earthority to make disposition that I have the right to make this statusfication any liability on account of sold authorization is	in of remains as above instruction. I carries and represent in and I agree to hold Mt. Hope Certification harmless trains and interment.
hereby authorize the Interment in lot I hold under dead.	X 412 S. 33RD STREET
Bridge of different Party	SAN DIEGO, CA 92113
	239-2977
= 40404	Invalce s
West Onler & E 18194	Abot. 9
MC A-1AE 17-MIN This Industri	nation la evallable in allemative formats upon request.

Date: 17-17-6

### 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.

r Circle	
A could be a second and a second a second and a second and a second and a second and a second an	
x	
	X

Blind Check Initiated By:	ite: 12/17
Interment space for: I Saza Kirk P	atrick
Interment Date: 4: 12/19 Time: 1:0	
Div: GAR Sect: 3 Blk/Row: Lot: Lot	3 Gr:_\
Grave Laid out by: Norman Ferguen	
Agrees with Legal Card: Yes No No	9
Agrees with Map: Yes  No	glave
	13 14

Blind Check & Verified By:

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(b)

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (F)	AMILY)	CARLOW STATISTICS	- 1	2. DATE OF BIRTH 3. DAT	E OF DEATH	4. SEX
Isacca		=:	20 NOTE 10 TO 10 T	Kirkpatrick			02/03/1935 Fd 12	/10/2003	M
SA. CITY OF DEATH	ilizari	776	58. COUNTY	OF DEATH—OUT	SIDE CALIF.		RELATIONSHIP, FULL MAILING A	DDRESS AND	ZIP CODE
San Die	- C.			ATE San Di		100 Per 100 Pe	Kirkpatrick, B	rother	
		A-FUNERAL DIRECTOR OR TUNERY, 5050	PERSON ACTING AS SUCH Federal Blvd			412	S. 33rd Street Diego, CA 92113		
San Diego,	CA 92102			FD-132	49	BA SIGN	ATURE OF APPLICANT—Person taking	permit 88. DA	TE SIGNED
ACKNOWLEDGMENT OF AP	PLICANT I hereby a Section 10	cknowledge as applicant that the pr 376 of the Hooth and Salety Code, as	operand disposition stated herein is id was authorized persount to Sectio	one of the disposition 7100 of the Health :	oris authorized by and Safety Code.	1	an langue	- 12/1	5/2003
	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET BY FOR THE DISPOSITION SP DINGNE OF DISPOSAL OUTSIDE OF C	Y CODE	i :	12/16/20 . Campbe	003	9C. SIGNATURE OF LOCAL REG 2320574	SISTRAR ISSU	NG PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL		GISTRAR OF DISTRICT OF THE CAUFORNA P.O. BOX					HCT OF DISPOSITION— THER DISTRICT IN CALIFORNIA		
DISPOSITION.	San Diego,	CA 92186-522	.2	i	_			e. a. Ciperanie - e. C	
10. AUTHORIZED DISPO	DELTYOM(S) CHECK A	PPLICABLE ITEMS					FOR CORONER'S	S USE ONL	Y V
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE	AINS OTHER	H. TRANSIT	O CALIFORNIA TO OUTSIDE OF	F CALIFORNIA	_	I. DISPOSITION PENDINI (Name and Address)  SAGNATURE OF PERSONNIN		
BURIAL	Mt. Hope	Cemetery, 375 o, CA 92102			1-19-03	3	Karshu	elie	
APPLICABLE TEMS	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	128	DATE CREMAT	TED 120	. Signature of Person in C	CHARGE OF C	REMATION
USE	ISA. NAME AND A	ODRESS OF CALIFORNIA	FACILITY RECEIVING REI	MAINS 138	DATE RECEN	VED, 190	SIGNATURE OF PERSON IN	CHARGE OF F	FACILITY
COMPLETE ALL		DDRESS IN RECEIVING ST CREMATED REMAINS ARE		RE 148	. DATE SHIPPI	ED 140	ADDRESS AND SIGNATURE ( OF PLACING WITH THE CAR		n Charge
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE ENTIFY FINAL PLACE AND C			DATE OF DISPOSITION	15C	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	MAINS	E NUMBER MATED RE- DISPOSER PLICABLE

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

### MT. HOPE CEMETERY INTERMENT ORDER

Atud

REA-104 (7-96)

City of San Diego

Date (2 17 03

	at to your rules and regulations, to inter the remains
orDoris Cash	40 & 2273,21
ina Ash Vault Fun	eral, date, time Mon 12/22 2:00
Church, Chepel, Gravenida Witus	My Family Mortuary
All Funeral cars must arrive before \$850 p.m. of r	equiar work day or an extra charge of \$
will be applied and billed to undersigned.	
	760.1
	Section Division/Block
Grave space & Care Fund	D-5041 _O-
Additional spaces and care fund	
Opening/Closing & Setup	116-
Burial Container	<u> </u>
Handling Fees	D 66-
Flower vases - Marker setting fee PAI	U
Recording and filling feeDEC 1-7	<u> 50 -</u>
Sales taxes	4.73
MOUNT HODE	CEMETERY DUO WILL SOT 73
MOUNT HOPE (	PEMELEHY MIC 997.73
1 812 180	Balance due
I hereby contiful amothe X Soul Il C	Annah Manahamana and Manahamanan and Manahamana and Manahamana and Manahamana and Manahamana and
and this is your authority to make disposition of	remains as above indicated, I certify and represent
that I have the right to make this authorization and any liability on account of said authorization and	id I agree to hold Mt. Hope Cometery harmless from interment.
Dove Rilay	XI and Rat
I hereby authorize the interment in lot I hold under deed.	Signation
12-17-03P12:53 PAID	X 1455 Bathwest pl
Signature of recorded holder of deed	X El Cajon Goods
	X 119 900 3321 2000
am	Telephone
	Invoice #
Work Order # E 18195	Acci. #

O Printed as respiled poper

This information is available in alternative formats upon request.

goesette permission to place Dours grave get he form to medola. town istalia

E 18195

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (F	AMILY)	- Lety and Company		DATE OF		4. SEX
-	Doris		-	Cast	stro			2/08/		F
5,4	LE JOLL	a	fo	ENTER 8	OF DEATH—OUTSIDE CALIF., FATE  Disco	OF IN	RELATIONSHIP, FULL MAILING FORMANT R RILEY—Daughte	Service Services	SS AND ZI	CODE
7A	PUNGEAL	DDRESS OF CALIFORN	A-FUNERAL DIRECTOR OR PERSO 7856 La Mosa Blvd	N ACTING AS SUCH		1455 21 C	Bathurst Pl ajon, CA 92020 ATURE OF APPLICANT—Person to		8B. DAT	E SIGNED
	ACKNOWLEDGMENT OF A		ecknowledge as applicant that the proposed di 1375 of the Health and Safety Code, and was aut			11	WH O MAR	27°C 1	12/1	6/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI CORNA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED DIRECT OF DEPOSAL DUTSIDE OF CALIFORNAL	\$13.00		101 10100 TO THE PERSON A	9C SIGNATURE OF LOCAL  ▶2320568	REGISTR	ar issum	G PERMIT
Ť	IT CHANGE IN DISPOSI- ION REQUIRES A NEW BIMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEA TO IN CAUFORNIA PO BOX 8: CA 92186-5222	n⊢ 5222	9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OX		TRICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA			_
	B. CREMATION		AINS OTHER	F. DISINTERN	RY ENVAULTMENT MENT O GALIFORNIA TO OUTSIDE OF CALIFORNI	A	I. DISPOSITION PENI (Name and Addres		mains lo	CATED AT
	BURIAL	Company of the Compan	DORESS OF CALEGRMA CENET Democracy 3751 Max D, CA 92102	ket St.	118. DATE BUR		C. SIGNATURE OF PERSON	IN CHAR	GE OF BU	IRIAL
ABLE ITEMS	CREMATION	Leneda Is	DORESS OF CALIFORNIA CREMA NC. 14065 Hary 8 B CA 92021	TORY USINGSS	128. DATE CREM		C. SIGNATURE OF PERSON	IN CHARG	SE OF CRE	MATION
ALL APPLIC	SOIENTIFIC USE	13A. NAME AND A	ddress of California Facili	TY RECEIVING RE	MAINS 138, DATE REC	EI (ED) 13	SIGNATURE OF PERSON	IN CHAR	GE OF FA	CILITY
COMPLETE /	TRANSIT		DDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B		RE 148. DATE SHIF	PPED 14	C. ADDRESS AND SIGNATUR OF PLACING WITH THE C		erson in	CHARGE
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A GEMETERY	FICIENT TO IDI	nest point on shoreline, or c entify final place and ca <u>dist</u>				C. SIGNATURE OF PERSON CHARGE OF DISPOSITION		D. LICENSE OF CREM MAINS D —IF APPI	ATED RE-

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

Whatter MT HOPE CEMETERY White emile

### GRAVE BLIND CHECK FORM

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

IIE Dane	ii space,	1			T	
	-					
				wal		
	Lien	Vandigial	x		Miller	
	Met	gler	Kinemm		Hubboot	_
ntermer ntermer	nt space fo nt Date: <u>V</u>	m 12	is Cas	ime:	2:00	12/17
Grave L	aid out by	forma	en fer	aug		
areas I	with I enal	Card W	Ýes 🗆	I No L	AGS IN	$\sim$

Blind Check & Verified By: Kenneth Calling Date: 12/19/03

# PHUS INTERMENT ORDER City of San Diego

Date 12 17 03

of	HEATTON TO	Davis	, Gloria_
na	Liner	_ Funeral, date, time	
Church, (	Chepel, Graveside		Mortuary.
All Funer	al cars must arrive before 3:30 p.i	m. of regular work day	or an extra charge of \$
will be sp	plied and billed to undersigned.		
La 3	2 Grave 15 Row		3 Division/Block 12
Grave sp	ace & Care Fund	E 17375	<u> </u>
	spaces and care fund	***************************************	
Opening/	Closing & Setup	AID -	413_
Burial Co	ritainer	AIV	204 - 1
Handling	Fees		160-
Flower va	Fees	1 1 2003 200	k
			<u> 50 - </u>
Sales tax	g and filling fee MOUNT H	OPE CLINE!	16.90
			818.90
	Pa	id receipt number_R	57010 212.00
		.Veit	Balance due 636 30
hereby (	certify I am the X Lu	4	of the show semed decedent
and this i	s your authority to make disposit	of of remains as above	re indicated. I certify and represent Mt. Hope Cemetery harmless from
eny liabil	ity on account of said authorization	n and interment.	- 1/1
l hereby	authorize the Interment in lot I	XGIOR	LAY Edgie DAVIS
hold und		V 49	21 Deaton DR.
	Rounted legitler of deed	150 K	Diego CA 9210
	South of cases	2/1/19	2/4-53492000
10	an	Taligation /	1201-201
	AN DEL CONTRACTO	Invoice #	





### E 181916

### MT. HOPE GENETERY INTERMENT ORDER

que med

City of San Diego

太太	Date	10-15-02
You are hereby authorized and instruction GLOR. A. DAV		ulations, to inter the remains
in a	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day or an	extra charge of \$
will be applied and billed to undersigne	od	
Lot 32 Grave 10 Ro	w Section3_	Division/Bleck 13
Grave space & Care Fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	795.00
Additional spaces and care fund		
Opening/Closing & Setup  Burief Container  Handling Fees	10-33-03	<del>_</del> <del></del>
Flower vases - Marker setting fee		
Recording and filing fee		
STATES OF THE PROPERTY OF THE		
Sales taxes		795.00
	8 5	513 300.00
	Paid receipt number 112 3 3	Balance due 4950
I hereby certify I am the	osition of remains as above India rization and I agree to hold Mt. Ho ation and interment	the above named decedent sated, I certify and represent spe Cemetery harmless from
f hereby authorize the interment in for I hold under deed.  Structure of recorded holder of deed	Stghature 2190) Address	1 23 top 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Tolephone -	45747

Work Order * E 17375

Acct. #

mailed Cert. Delinguent letter

13/05 R-59172 Bo coupon CK 3869

7800

636 20 53200

OF	FICIAL RECE	IPT
	190	
	1	
87.5	<b>B.2.552.8</b>	

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

CITY OF SAN DIEGO, CALIFORNIA

59172 F18196

MOUNT HOPE CEMETERY (619) 527-3400

From: Dovia Danie	Da	te: Deptam	ber 13.20 Os
Swe Hundredo	end 00		(\$ 200 )
in <u>flut</u> Payment of <u>R</u> Div Sec	2 Blk/	ot 32 Gra	10 eve
Invoice No. <u>E - 1819</u> Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" UNIS SPACE	CREDIT 67007 20% Sales Care 77184 80% Sales 100	
W.O	SEP 1 3 2005	of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182	
Pre-Need Lot	MOUNT HOPE CEMETERY	Pre-Need 63033	200 —
Pre-need Trust X Cash Check 3839	ISSUED BY Phulotte	Trust 77188 Sales Tax 60101 78390 TOTAL PAID \$	200 _
This information is available in alternative formats upon reque	st.	I IOIAL PAID 3	Company of the contract of the

OFFICIA	L RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

### MOUNT HOPE CEMETERY (619) 527-3400

58187

12532	(619) 527-3400		1117/25		
From: Gloria M. Day severy-	VIS Address: 4921 Deaton	Or.	NOV.  J.D.  Dollars (\$	2,20 CA.90	
in part Payment of	pre-need trust 3 Billy Row Lot		Grave _	10	
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.  PAID  NOV 0 2 2004	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Buna/ Containers	100 77184 ————————————————————————————————————		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check  AC 212 (Rev. 4-04)  This information is given labely in alternative formats upon reque	MOUNT HOPE CEMETERY	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 100 77183 63033 77186 60101 78390	78 78	

OFFICIAL RECEIPT
$(\Omega)$

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

57092

### MOUNT HOPE CEMETERY (619) 527-3400

	(01:	8) 527-3400	1 1
From: Gloria Davis	Address: 442/	Deaton de 30	92102 20 04
. in	ple mu	d Do	llars (\$
Lot 33 Grave	10 Row	Section <u>3</u>	Division /2
Invoice No. <u>E 18194</u>	NOT VALID FOR PURPOSES STAT STAMPED "PAID" IN THIS SPACE.	CREDIT 67	7007
Acct. No	PA	80% Sales of Lots Opening/ Closing 77	100 7184 100 7181
BALANCE DUE S32.30	1 MAL'	Containers 77  Handling Fee 77  Recording & Merc Fees 77	7162 100 7165 100
Pre-need Lot At Need On Acct	BEGUNT HOS	E CENETERY leed 63	104 OU
AC-212 (Rev. 10-02) 35UF	ISSUED BY	TOTAL PAID	s 104 00

#### CITY OF SAN DIEGO, CALIFORNIA

### MOUNT HOPE CEMETERY (619) 527-3400

57749

From: Gloria Davis Address: on record		, 20 <u>DY</u>
From: GIOria Davis Address: on record		
Twenty ste and oo	Dollars (\$ 26.	00
in Dart Payment of Pre-need trust accou	ent.	
Div 12 sec 3 Blk/ Lot 3	2 Grave 10	)
Invoice No. E-18196 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THE SEPARATE CREDI	IT 67007	30
Acct. No PAID 20% 80% 80%	Sales Care 77184 ————————————————————————————————————	26 00
W.O. JUL 0 2 2004 Classon Classon	ing/ 100	200
BALANCE DUE \$ 450.00 Buriel	100	
MOUNT HOPE CEMETERY Recor	fling Fee 77185	_
Pre-Need Lot □ At Need On Acct □ Misc. Pre-N	leed 63033	
Pre-need Trusty Cash LI Check ISSUED BY PCIAWING Seles		
AR ALD CO. LAND	LPAID \$	6 00

OFFICIAL RECEIPT	CITY OF SAN DI	EGO, CALIFORNIA		
WHITE TO CUSTOME! CANARY CEMETER	MOUNT HOP	PE CEMETERY		57996
From: Blown Davis	Address: 492/ E	note: les	4 10 30	92102
~	V/J.S.TB-1/350800494917000		Dollars (\$ _	10h
in Payment of Payment of Sec 3	DU · Ne Blk/ Row_	LOT 32	Grave _	10
Acct. No	PAID SEP 1 0 2004	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 77184 ————————————————————————————————————	10400
Pre-need Trust Cash Check/ AC-212 (Rev. 4-04) This information is available in alternative formats upon request.	by tan Het	TOTAL PAID	78390 ——— \$ ——	104 00

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

#### MOUNT HOPE CEMETERY (619) 527-3400

	(55%)	Ø: ₩	20	.0	9	nel
From: Dollia Dore	· Addre	SEAN SHOW 1 1/2	Date: AP	W.	7'20	7
Fifty Six and	00			Dollars (	56.00	
in Part Payment of	Die -n	sed trust	account	~	Division 6	
	ve/O	Row	_ Section _ 3		Division /	۷_
Invoice No. <u>E - 18196</u>		R PURPOSES STATED UNLES ID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184 -	ĺ	Ĭ
Acct. No.	-	DAID	80% Sales of Lots	100 77184 -	56	00
W.O. BALANCE DUE \$ 476.00		PAID	Opening/ Closing Burial	100 77181 – 100		
		APR 0 8 2004	Containers  Handling Fee Recording &	77182 - 100 77185 - 100		
Pre-Need Lot At Need On Acc	2960000000	INT HARP AFAIR	Misc. Fees Pre-Need	77183 - 63033 77186 -		
Pre-need Trust X Cash Chec	k X ISSUED BY	UNT HOPE CEMET	EHY Sales Tax	60101 78390 -		
AC-212 (Rev. 10-02) 360			TOTAL PAID	\$	56	00

## Prend

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

West	1777020	No.
pate 12	18	03

27313	227314
	, subject to your rules and regulations, to inter the remains
a Konala 4	Jayce Moore
ina_DOCUUPT	Funeral, date, time
Church, Chapel, Graveside	; Mortuary.
All Funeral cars must arrive before 3:30 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
	Section 3 Division/Bleek 12
Grave space & Care Fund	<u> </u>
Additional spaces and care fund	
Opening/Closing & Samp A	413 +3 810-
Burial Container PAID	418-
Flower vases - Marker Setting fee	
Recording and filling fee	TERY 50 x 2 100 -
Sales to MOUNT HOPE CEME	32.40
	Total Due 2713.40
P	aid receipt number R 97014 2713.46
227312	Balance due
I hereby certify I am the X Daus	of the above named decedent
and this is your suthority to make discover	ation of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemeter/ harmless from
any liability on account of said authorizati	on and Interment.
I hereby authorize the interment in lot I	*John addilliar
hold under deed.	x 5224 Chollas PHLW
Streetun of Houseled holder of deed	TSOM DIRAD ON 92105
()	\$ 619-582-9251
Jones	Telephone
	Invoice #
Work Order # E 18197	Acct. #
REA-104 (7-96) This infe	ormation is available in atternative formats upon request.

© Printed on respeled paper

## MT. HOPE CEMETERY INTERMENT ORDER

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25	Neci
41	• 1000000000000000000000000000000000000

#### City of San Diago

Thesa		Date 12/19/	03
	227		-
You are hereby authorized and instruc	ted, subject to your rules as	nd regulations, to im	
a PAUL (PAL)	KOWSIS P.A.+	+ 2004083	34
in a D.D.CrypT	Funeral, date, time	MON. Dec. 2	13 9:00
Church, Chapel, Graveside	;_N	HAYER MOR	Mortuary.
All Funeral cars must arrive before 3:3	0 p.m. of regular work day	or an extra charge o	-7055
will be applied and billed to undersign	sd		
Lot 17 Grave 38 Ro	w Section	Division/9k	max_13
Grave space & Care Fund	15-15-25-30-4-1		131.00
Additional spaces and care fund	A. 10. M. S. C.		- Sacrondo
Opening/Closing & Setup		d d	439 00
Burial Container		<b>y</b>	12800
Hendling Fees	BAIR &	(a)	
CHANGE OF THE CONTRACT OF THE	( NOOL )	λ	
Recording and filing fee	FEB - 1 500/5/		47.00
Sales taxes	CENET	ERY	9.92
~tmou	NT HOPE CENT	al Due	754.9
A: a carlar	Paid receipt number	B83617	754.9
Recording and filing fee  Sales taxes	(257	Balance due	-0-
I DESCRIPT CENTERY LATER USA		UI UIE ADOVA DI	amed decedent
and this is your authority to make disp that I have the right to make this author	rization and I some to hold	e indicated. I certify Mt. Hope Cemetery	and represent
any liability on account of said authori	zation and interment.	0	
I hereby authorize the interment in lot	I Skindure	1 100	
hold under deed.	Address N	Halle	
Signature of moorded holder of deed	— <u>J8</u> (	7 U	Zio Code
aulette	Telephone	, 	
laure	<del></del>	20100	L
Work Order # E 18198	Invoice #	2000	= -
Work Order # E 10170	Acct. #	00093	29

REA-104 (7-96)

This information is available in alternative formats upon request.

P:1/1 70.976

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

on PALL (PAL) KOCSIS PA-14-2004-0834 In a DID Crypt Church, Chapel, Grennetto All Planetto corn main writte batters 200 p.m. of regular want day or an extra child Elicity	13.120 4.99.00	40.00 9.482	Selemen des de constant des des des constant de constant de consta	344 Dress, CP 9233
COCSIS PA-14-2004 0834 Funeral date, time MON-DOC 23 MANEE MAKT on, at regular work day or an entre child by			Public Administrator months of months and public manus and months and mon	
or PALL (PAL) In a D.D.C.VOT Church, Chapes, Generatedo All Punsarel cara mass antre bastro 2300	nell be copfled and billed to understyres  Lot // Brawe 3/3 move  Brance space & Care Fund  Additional spaces and care fund  Opening/Cleaing & Setup	Handling Feet Handling Feet Flower vision – Martan soffing fee Recording and Silng tee Release taxes	My all to be Deputy in the second of the sec	West Orders E 18198
in a Dis	Cot	Handling Feet	SO SOUTH AND THE PARTY OF THE P	Dans Orens E

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18198 E 18198

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

A. NAME OF DECEDE	INT-FIRST (GIVEN)	1B. MIDDLE		IC. LAST (FAMIL	n	1.0			OF DEATH	4. SEX
PATA		1	<del>3€</del> 1	KOCSIS		The state of the s		12/01		M
SAN DIEGO				SB. COUNTY OF E	SAN DIEGO	ELLEN	RELATIONSHIP, FULL MA ORMANT BEAUPARLANT			
MAYER MORTU 2859 ADAMS	ARY				CALIF: LICENSE NUMBER —IF APPLICABLE  D-1424	SAN D	A RUFFIN RD. IEGO, CA 921	GTORINA	17 - 14	
ACKNOWLEDGMENT OF A	not years I hereby	acknowledge as applic	ant that the proposed dispe	sition stated herein is one	of the dispositions authorized by 0 of the Health and Safety Code.	BA, SIGN	ATURE OF APPLICANT—Per	son taking peri	16 /6	SIGNED
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		UED IN ACCORD FORMA HEALTH ITY FOR THE DISI	ANCE WITH PROVI- AND SAFETY CODE POSITION SPECIFIED	Commence of the property of the Party of the		03	9C. SIGNATURE OF COC 2320746	AL REGIST	IRAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL		RDS P.O.	BOX 85222 6-5222		ADDRESS OF REGISTRA IF DISPOSITION IS TO OC		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFORN	NIA		_
B. CREMATION		MAINS OTHER	<b>X</b>	E. TEMPORARY E F. DISINTERMENT G. SHIP IN TO CA H. TRANSIT TO C	376-3246-34003477/ 5	en.	I. DISPOSITION P (Name and Add		remains Lo	OCATED A
BURKAL	MT. HOPE C	DORESS OF CA	3751 MARKI 02	et st.	118. DATE BUR		SIGNATURE OF PERSO	ON IN CH	/	
CREMATION	12A. NAME AND A	ADDRESS OF CA	ALIFORNIA CREMATO	PAR	128. DATE CREM	ATED 120	SIGNATURE OF PERSO	DIVIN CHA	ROS OF CR	
SCIENTIFIC USE	13A. NAME AND A	DORESS OF C	nlifornia facility	RECEIVING REMAIN	S 13B, DATE REC	EIVED 130	SIGNATURE OF PERSO	ON IN CH	ARGE OF FA	ACILITY
TRANSIT			CEIVING STATE OR MAINS ARE TO BE		14B. DATE SHIP	PED   140	ADDRESS AND SIGNA OF PLACING WITH TH			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID		SHORELINE, OR OT LACE AND CA <u>DISTRI</u>		F. 15B. DATE OF DISPOSITIO		CHARGE OF DISPOSIT		15D. LICENSE OF CREA MAINS D —IF APP	AATED RE-

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

## Afrid

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Dete 19,03

of Tubble	e Grau	00 00 10	,,
In a liner	Funeral, date, time	Jung 12/23	10:00
Church Chapel, Graveside	: <u>X</u>	assolde	Mortuary.
All Funeral cars must arrive before 988 will be applied and billed to undersigns	( 23)	or an extra charge of \$	
Lot 1042 Grave 1 Ro		No.	10
Grave space & Care Fund			MO_
Additional spaces and care fund			1.2=
Opening/Closing & Setup		······· >	112
Burial Container	AID -		<del>101</del>
Hendling Fees	AID	1	60
Flower vases - Marker setting ten	1 9 2003		_
Recording and filing fee			50=
Sales taxesMOUNT H	OPE CEMETERY	otal Due	(43.20)
	Paid receipt number!	K57000 1	445.00
1 6		Balance due	0
I hereby certify I am the 200 and this is your authority to make disp that I have the right to make this authorizany fiability on account of said authoriz	rization and I agree to hol	of the above name we indicated. I certify an d Mt. Hope Cemetery has	d represent
I hereby authorize the interment in lot I hold under deed.	X 8017	Peach Poin	A Ave
12-19-03P02:12	PAID X60. 1	Diesa CA. 9	2176
Mignature of necovity of holder of deed	X 858	- 271-7684	Zig Code
Work Order # E 18199	Invoice #		-

	OFFICIAL RECEIPT  WHITE TO CAMARY PINK  From: Putyria Grave	CEMETERY	CITY OF SAN DIEGO, CALII AT-NEED PURCHA MOUNT HOPE CEME (619) 527-3400 Date:	TERY	13 5D	577	09
	in full payment of I Div 10 Sec Invoice No. E- 18199	NOT VALID FOR P	Blk/ Row Lot URPOSES STATED UNLESS	Parl 1002	Collars (\$		)
-	W.O		APR 1 3 2009	80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	77184 100 77184 100 77181 100 77182 100 77185 100	170	
TENE	☐ Charge ☐ Check ☐ ☐ ☐ Check ☐ ☐ Check ☐ ☐ ☐ Check ☐ ☐ ☐ Check ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ISSUED BY	Par ette C.	Sales Tax	77183 60101 78390 \$	175	0

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

77

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

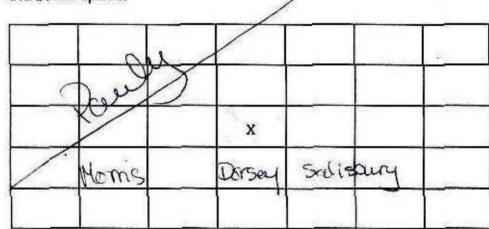
A. NAME OF DECEDE	GGG needs and an agrandance of the	1B. MIDDLE	1C. LAST (FAME.)	0		2. DATE OF BIRTH MONTH DAY YEAR 06/22/1926	3. DATE OF DEATH	
SA. CITY OF DEATH Poway	7		5B. COUNTY OF C	san nrego	6. NAME, OF IN	RELATIONSHIP, FULL M FORMANT Pard Graves,	AILING ADDRESS AND	
Anderson-	DORESS OF CALIFORM Ragedale Mo	A FUNERAL DIRECTOR OF P	erson acting as such 78.	CALIF LICENSE NUMBER —IF APPLICABLE FD-1329	801 San	7 Peach Point Diego, CA	nt Avenue 92126	TÉ SIGNED
ACKNOWLEDGMENT OF A		classified as applicant that the prop 376 of the Health and Safety Code, and			▶ 1 /	an	12/	19/200
PERMIT  ALITHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH F ORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE ID BESHT OF BESPOSAL ONTSIDE OF CAL	CIFIED	B. Cample	003	9C. SIGNATURE OF LO 2320967 ▶	CAL REGISTRAR ISSU	NG PERMIT
THON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vetal Reco	GISTRAR OF DISTRICT OF B IN CALFORNIA TOS, P.O. BOX O. CA 92186-522	85222	ADDRESS OF REGISTRA IF DISPOSITION IS TO OCI		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFO	RNIA	•
IO. AUTHORIZED DISP	The state of the s					FOR COR	ONER'S USE ONL	Υ
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	11A. NAME AND AE Mt. Hope	obress of California C	EMETERY	LIFORNIA UTSIDE OF CALIFORNIA 118. DATE BURI	ED 110	(Name and A		
CREMATION	2	O, CA 92102 DDRESS OF CALIFORNIA CO	REMATORY	12B. DATE CREM	1 1	SIGNATURE OF PERS	SON IN CHARGE OF C	REMA
SCIENTIFIC	13A. NAME AND AD	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAIN	S 13B, DATE RECI	EIVED 130	, SIGNATURE OF PER	son in Charge of I	FACILITY
TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		14B, DATE SHIP	PED   140	OF PLACING WITH TO		N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, NTIFY FINAL PLACE AND CA		F- 15B, DATE OF DISPOSITIO		; SIGNATURE OF PERI CHARGE OF DISPOS	ITION OF CRE	E NUMBER MAYED RE- DISPOSER PLICABLE

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

#### MT HOPE CEMETERY

#### GRAVE BLIND CHECK FORM

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



		E Selection Contract
Blind Check Initiated By:		Date: 12/19
Interment space for: Pea	rlene (	Braves
Interment Date: \\\	12 23 Time	:_ (0::00
Div: 10 Sect:	Blk/Row:	Lot: 100 Gr: 1

Grave Laid out by: Horman Fer

Agrees with Legal Card: Al Yes No flog on Agrees with Map: A Yes No Card on Blind Check & Verified By:

# Atrued

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 12 22 23

You are hereby authorized and instruc		es and regulati	ons, to inter the remains
or Decor	Massa	4.75	7329
ina DO Crupt.	Funeral, date, tir	pel Wec	11924 12:30
Church, Chapel Graveside		Yace	dall Mortuary.
All Funeral cars must arrive before:35		day or an extra	charge of \$
will be applied and billed to undersign			
Lox 124 Grave 12 A	ow Section	20	ivision/Block
Grave space & Care Fund	DAIR		9&S-
Grave space & Care Fund	PAIL	)	
Opening/Closing & Setup			<u> </u>
Burial Container	DEC 2 2 200	***************************************	418-
Handling Fees	HATT TYPEN W WEE		357
Flower vases - Marker setting fee	UNI HOPE CE	METE:	
Recording and filing fee	***************************************		
Sales taxes		***************************************	32.40
		Total Que	2950.4C
	Paid receipt number.	Visic	04.0366
	./	Bal	ance due
I heraby certify I am the \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	position of remains as orization and lagree to zation and interment.	of the	above named decedent d. I certify and represent Cemetery harmless from
t hereby authorize the interment in lot hold under dead 2-22-03A09:	Skyding	Tunn	assey
Bigrature of recorded holder of deed	Teleptone	Jan C	A 192019
Work Order # E 18200	Invoice #	6123	19-0120

## MT HOPE CEMETERY \$18200

#### GRAVE BLIND CHECK FORM

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

		Balane		
	x		(andus)	
villiam		Lee		

		x		(ardus)	
	villian		Lee		
Blind Check In		g		Date: _	12/22
	e for: OS			assy	_
	:: <u>                                    </u>			D4 G	ノ :: Q
	by: Norma	11	ey-		
Agrees with Le	egal Card: 🕱 Y	es	O No	Hag o	roud
Agrees with M	ap: 🗖 Yes	70	No 1/-	, J&	1010

Blind Check & Verified Br

E-18200

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)	0)		2. DATE OF BIRTH	3. DATE OF D	
Oscar		<b>(</b>	Massey	Massey		1070871921	1271872	003 M
SA. CITY OF DEATH San	Diego		5B. COUNTY OF DE	ati outside calif., an Diego	OF IN	RELATIONSHIP, FULL MA FORMANT 1e M. Massev		AND ZIP CO
		M-FUNERAL DIRECTOR OR PERSON TEMATY, 5050 Feder	ACTING AS SUCH 7B.	CALIF. LICENSE NUMBER IF APPLICABLE	565	Dorothy Stree	at	(6)
San Diego,	CA 92102		1 1	D-1329		ATURE OF APPLICANT—FE	Service Control	B. DATE SIGN
ACKNOWNEDGMENT OF A		acknowledge as applicant that the proposed disposed 576 of the Health and Safety Code, and was autho			11	an lamp	eri	12月9/2
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PROVI- FORMA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED NO NIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE	12/22/20 B. Campi	003_	2320927	AL REGISTRAR	ISSUINĞ PERI
ANY CHANGE IN DISPOSE	Vital Reco	EGISTRAR OF DISTRICT OF DEATH ED IN CAUFORNIA rds, P.O. Box 8522 , CA 92186-5222	1			RICT OF DISPOSITION— OTHER DISTRICT IN CALIFOR	HEA	24 2
IO. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	-			FOR COR	NER'S USE	ONLY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	IIA. NAME AND A Mt. Hope	DDRESS OF CALIFORNIA CEMETER Cemetery, 3751 Mar	CARCIANTON MICE	IFORNIA ITSIDE OF CALIFORNIA 118. DATE BURI	<u> </u>	C. SIGNAPPIRE OF PERS	ON IN CHARGE	OF BURIAL
CREMATION	CASSALES STREET	DDRESS OF CALIFORNIA CREMATI	ORY	12B. DATE CREMA	ITED 12	SIGNATURE OF PERS	ON IN CHARGE	OF CREMATIC
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECE	IVED 13	C. SIGNATURE OF PERS	ON IN CHARGE	OF FACILITY
100,000 HT	1,000			i i I				
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIP	PEO 14	C. Address and Signa of Placing with th		SON IN CHARG

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

# Atual

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 12/22/03

	227327
	ot to your rules and regulations, to inter the remains
a Andrea rue	ntes-barcia
ina Liber Fun	eral, date, time TULS 1230
Type of Buriol Container	Foothing Of
Church, Chapel Graveside	; 120F1 W-2 COX Mortuary.
All Funeral cars must arrive before and p.m. of r	egular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 113 Grave 11 Row	Section Division/Bleck
Grave space & Care Fund	985
Additional spaces and care fund	
Opening/Closing & Setup	1112 -
Burial Container	nna-
Willy Address the	100-
Handling Feet	
Flower vases - Marker setting feet	
Recording and filing fee	_50_7
Sales taxes DEC 2 2 20	10.5C
	Total Due
MOUNT H Paid reco	1833 X 55036 R 65109 1833
	Balance due
V # Sa11	
I hereby certify I am the X M OO O	of the above named decedent remains as above indicated. I certify and represent
that I have the right to make this authorization and any liability on account of said authorization and	d I agree to hold Mt. Hope Cemetery harmless from
any manny on morning of the second second series	101 D-1
hereby authorize the interment in lot I	Separate Or C
hold under deed.	411 TARKBROOK. 51
Signature of recogled holder of deed	X S-U. 91977
12-22-03P03:07 FAID	Tytophone 29-6339. 26 Code
40mm	L streets no
F 18201	Invoice #
Work Order #	Acct. #

## MT HOPE CEMETERY [1820]

#### **GRAVE BLIND CHECK FORM**

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

	The second second	4			
	Sepen				
Williams		<b>x</b> *	Lykosa	Gaine	
			3	Balane	
Blind Check In	tiated By:	am		Date: (	423
Interment space			Purk	tes-6	arcia
Interment Date					40
Div: 12 Se				113 G	
Grave Laid out	by: Morm	an Fe	regus	~~	
Agrees with Le	gal Card: 🎜	Yes [	J ON C	lan m	
Agrees with Le Agrees with Ma	p: Yes		No T	gra	we,
Blind Check &				Date:	/ /
	16.	20 20		/	/-/-

-102

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)	THE CONTRACT OF THE PARTY OF TH	2. DATE OF BIRT	
Andrea	ndrea Garcia Puentes		10/23/19	27 1272172003 F		
SA. CITY OF DEATH			58 COUNTY OF DEATH	H-OUTSIDE CALIF.,		ALL MAILING ADDRESS AND ZIP CO
San Diego	95-		ENIEN SIAIE	San Diego	OF INFORMANT Puen	tes, Son
Feathering:	111 Mortuar	A—FUNERAL DIRECTOR OR PERS <b>San Diego, CA 9</b> 2		F APPLICABLE		ut St., ey, CA 92977 NT-Pflm baing pomi! 88. DATE SKINED
	1 I bende	cheeledge as applicant that the proposed	MIDAD STORY	VETER TO SERVICE TO SE	BA. SIGNATURE OF APPLICA	12/22/2003
ACKNOWLEDGMENT OF A	Section 10	376 of the Health and Safety Code, and was	authorized pursuant to Section 7100 of th	e Health and Salety Code.		
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO ORNIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIFI B NORTH OF DISPOSAL ONTRODE OF CALIFORN	DE DED	12/23/2	003	F LOCAL REGISTRAR ISSUING PERMIT 2321009
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	22, San Diego, (	l is i		OF DISTRICT OF DISPOSITION OF IN ANOTHER DISTRICT IN C	
10. AUTHORIZED DISP	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			_	FOR (	CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U		AINS OTHER	G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS			nd Address)
BURIAL		coness of california ceme emetery, 3751 Ma CA 92102		118. DATE BURIES		PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREM	MATORY	128 DATE CREMAT	ED 12C. SIGNATURE OF	PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	ISA. NAME AND A	ODRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	13B. DATE RECEN	/ED 13C. SIGNATURE OF	PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPE		SIGNATURE OF PERSON IN CHARGE TH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, or entify final place and ca <u>di</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF DI	PERSON IN 150, LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPRICABLE

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

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

2 recent	City of San Diego		-1
ment & trust		Date / 2/23	3/03
400			
You are hereby authorized and instruct	ed, subject to your rul	es and regulations to in	nter the remains
a 201458 for Co	therene (	uninghom	Jan 273
ina Liner	Funeral, date, ti	me UBas	money
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work	day or an extra charge	al \$
will be applied and billed to undersigne	d		
Lot 124 Grave 7 Ro	w Section	2_ Division/Bi	ook_12
Grave space & Care Fund			985.00
Additional spaces and care fund			
Opening/Closing & Setup	PAID	***************************************	413.00
Buriel Container		and the second s	209.00
Handling Fees	DEC 2 3 2003	}	160.00
Carrier and April 2017 of the Control of the Contro			-
Recording and filing fee	INT HOPE CEN	<b>METERY</b>	50.00
	1		
	J	Total Due	1833.20
co.m.		R-57026	458.00
0-10 MAR 1 6 2	000 receipt number	R-57026	1375,20
An.		Balance due	
I hereby certify I am the	CONFIDENCE AND	of the above n	
that I have the work to make this author	ization and I agree to I	hold Mt. Hope Cemeter	harmless from

any liability on account of said authorization and intermen

207458 I hereby authorize the interment in lot I hold under deed.

Paulette C. Work Order # E- 18202

Invoice #

Acct. #

This information is available in alternative formats upon request.

REA-104 (7-98)



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

#### MOUNT HOPE CEMETERY (619) 527-3400

	Dat	e	7110	20	05
From C. Curningham	Address: On rucor	d		- Average	
True Hardred S	wenty- Seven	20/	Dollars (\$	577.2	0)
n Full Payment of Pau	a in xull -	-			
Div Sec	2 D Blk Lo	ot 124	Grave	_7_	
nvoice No. E 10202 NOT	VALID FOR PURPOSES STATED UNLESS MPED "PAID" IN THIS SECTION	CREDIT	67007	1	1
VOGEO	PAID	20% Sales Car 80% Sales of Lots	100 77184 —	Ţ,	
N.OBALANCE DUE	MAR 1 6 2005	Opening/ Closing Burial	77181 — 100		
BALANCE DUE # 2		Containers Handling Fee	77182 — 100 77185 —		9
Pre-Need Lot ✓ At Need ☐ On Acct ☐	MOUNT HOPE CEME	Recording & Misc. Fees Pre-Need	100 77183	KON	20
Pre-need Trust IX Cash   Check M	UED BY P. CLAW YORD	Trust Sales Tax	77186 — 60101 78390 —	- 3/1	20
AC-212 (Flav. 4-04)	JED BY P. WEW JORO	TOTAL PAID	\$	577	20

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

#### MOUNT HOPE CEMETERY (619) 527-3400

0		Date: aprif	9 ,2004
one Hundled in Dat Payment of	Severty One and Pre- need lot & 1	00 Dollars	ert.
Lot Gra	ve Row	_ Section 2	Division /2
Invoice No E - 18202 Acct. No W.O BALANCE DUE \$ 1090.20	APR 0 9 2004  MOUNT HOPE CEMETE	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 77181 Burial 100 Costs	171.00
Pre-Need Lot At Need On Acc Pre-need Trust Cash Chec  Ac-212 (Rev. 10-02) 103	issued by fullthe C.	Misc. Fees 77183 Pre-Need 63033 Trust 77186 Sales Tax 60101 78390  TOTAL PAID \$	171. 00

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

#### MOUNT HOPE CEMETERY (619) 527-3400

58094

From: Catherine Cum	nghan Address:	on rec	-	ber 5	, 20	04
Two thendred o	Deverty - Eigh	t and or		Dollars (\$_0	128	Ę .
in //OM Payment of Div 12 Ser	12	Blk/ RowL	ot_124	Grave _	7	
Invoice No. E-18202	NOT VALID FOR PURPO STAMPED "PAID" IN THE		CREDIT 20% Sales Care 80% Sales	67007 77184		
W.O		AID	of Lots Opening/ Closing Bunal	77184 —— 100 77181 ——		
BALANCE DUE U J 17.9		T 0 5 2004	Containers Handling Fee	77182 —— 100 77185 ——		
Pre-Need LotX At Need ☐ On Ac	3.74 C	OPE CEMETE	PY Misc. Fees Pre-Need Trust Sales Tax	77183 —— 83033 77186 —— 60101	228.	00
	OFT ISSUED BY FO	wford	TOTAL PAID	78390 —— \$ ——	228	00

WHITE TO CUSTOMER
CANARY GEMETERY
PINK AUDITOR

#### MOUNT HOPE CEMETERY (619) 527-3400

1	, ,	Dollars	(\$ _	28	5.0	O_)
ot	124	_ Gr	ave .	_7	<u> </u>	
	CREDIT 20% Sales Care 80% Sales of Lots Opening Closing Burtal Containers	67007 77184 100 77184 100 77181 100 77182 100		_/	97 45	00 60
	Handing Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 100 77183 63033 77186 60101		S.	43	οU
	TOTAL PAID	78390	-	2	85.	00

1 .1	f Date
From: Catherine unnin	ghamAddress: ON Necoso
Woltrendud Er	Aca - Forme OD
in Dart Payment of	OBe-need lot &
Div 12 Sec	2 Blk/ Row Lo
Invoice No. E-18202	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.
Acct. No.	PAID
W.O	PAID
BALANCE DUE \$ 805.80	JUL 1 2 2004
	The state of the s
Pre-Need Lot At Need On Acct	MOUNT HOPE CEMETERY
Pre-need Trust Cash Check	ISSUED BY LAUGHTO C
AC-212 (Rev. 4-04) 1067	'   / '
This information is available in alternative formats upon requ	68L

Cunningham, Catherine	Los Reyes	Dr., S.D. C	A 92114		BIT	(619) CREDIT	262-294 B	4 ALANCI	E
12/23/03 Opened Pre-need lot.	trust acco	unt, Trust	includes		985.00			H	
O/C, B/C, H/F, R&F, Sales on	the Liner.		c 2, Gr	7	848.20			18	33.20
wip 25% down payment.		Lot 124	197-	20%		45	8.00	1.3	75.20
2-6 of 257184 4-9-04 R-57428	carpon	1.2	784-	2001		1	4-	12	6/3
4-9-04 R-57428		3.4.5				j	1 00	10	1020
7-12-04 R-57777		1-10				28	500	8	05.2
10/5/04 R- 58094		11-14				12	\$800	5	770
DIIGHS P- 58639		15-24				57	7720	R	7
7.7		7.5							
7									
				1					
		22	To TP	W51					
		Rem	-1011	-	-				
		1		6					
		A STATE OF THE STA							
	):								
				160					
	- 15/200	ALL VENEZUE							- 8
									11

# Atjud

#### MT, HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 12/24/03

You are hereby authorized and instr	ructed, subject to your rules a	nd regulations, to inte	er the remains
or Malate	- Keec 2	21008	
ina Brault	Funeral, date, time	Hom:2/29	100
Church Chapel, Graveside	leaphist to	restable	Mortuary.
All Funeral cars must arrive before	3:17	or an extra charge of	<b>s</b>
will be abblised as a ruined to price of	100.		
Lot 29 Grave 7	Row Section	2 Division/Blo	<u>*_1(</u>
Grave space & Care Fund			875-
Additional spaces and care fund		***************************************	The second of th
Opening/Closing & Setup		*******************************	413
Burlal Contsiner	DAID	-	275-
Handling Fees			204-
Flower vases - Marker setting fee .	DEC 2-4-2009		
Recording and filling fee	DEG E 1 E003		So
Selee taxee		TEDV	21.31
TV.		al Due	838,31
	Paid receipt number	VISA	1838.3/
		Balance due	10
I hereby certify I am the X Dave and this is your authority to make the that I have the right to make this authority on account of said authority.	isposition of remains as above thorization and I agree to hold	of the above na e indicated. I certify Mt. Hope Cemetery	and represent
Angelina Reed	x ( )\	$\mathcal{Q}_{\bullet}$	
I hereby authorize the interment in I hold under deed.	ot I Signature Y 6968	40 na189a	105
Signature of recorded holder of deed	- Y SAN	DIECO	92139
D.	GRY	472.1833	Zip Code
run	\$500,000		
Work Order # E 1820	Z Invoice #		
Work Order # E 10 Z U	3 Acct. #		

### MT HOPE CEMETERY E-18203

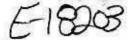
#### GRAVE BLIND CHECK FORM

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

		41	ee		
	Allem	х			
	House	Vencim	Rice		
	7				
Blind Check I	ce for:	Panade		_ Date:	12/24
nterment Dat	eMan 12k	29 T	ime;	1.00	
Div: s	Sect: 2 B	k/Row:	Lot:	29_0	Sr: _7_
Grave Laid o	ut by: KÆI	12 PAR			
Agre∋s with L	egal Card:	Yes C	J No	lag m	nout
	Ann: M Van		1	~ \ ·	MILLE

Agre is with Map: Yes No No

Blind Check & Verified By f f Ducka. Date: 13-26-03



#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY	o	2. DATE OF BIRTH 3. DATE OF DEA	
Mable		Lee	Reed		10/29/1932 12/22/200	
A CITY OF DEATH Spring	Valley		58. COUNTY OF D	eath outside calif	6. NAME. RELATIONSHIP, FULL MAILING ADDRESS A OF INFORMANT Angelina Reed, Daughter	NO ZIP CO
Anderson-	ORESS OF CALIFORN	NA-FUMERAL DIRECTOR OF PE DETURENT, 5050 F	HOUN ALLING AS SUCH /B.	CALIF. LICENSE NUMBER IF APPLICABLE	6968 Appian Drive San Diego, CA 92139	<b>2</b>
San Diego	CA 92102		1	D-1329	8A - SIGNATURE OF APPLICANT - Person taking permit   BB.	DATE SIGNED
ACKNOWLEDGMENT OF A		acknowledge as applicant that the propos 9376 of the Health and Safety Code, and w			Dlancange 12	2/24/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	LIED IN ACCORDANCE WITH P FORMA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPEC TO MOST OF BISPUSAL OUTSEE OF CALE	IFIED 13 00	12/24/20 B. Camp	and reflection and the property of the contract of the contrac	SUING PERMIT
	Vital Reco	EGISTRAR OF DISTRICT OF ED IN CAUFORNIA DTGS, P.O. Box			R OF DISTRICT OF DISPOSITION— TUR IN ANOTHER DISTRICT IN CALIFORNIA	
O. AUTHORIZED DISPO	CONTROL OF THE PARTY OF THE PAR	- Taranta			FOR CORONER'S USE (	ONLY
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	11A. NAME AND A Mt. Nope	DDRESS OF CALIFORNIA CE Cemetery, 3751  , CA 92102	METERY	UTSIDE OF CALIFORNIA	D 11C. SIGNATURE OF PERSON IN CHARGE	
CREMATION		DDRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMA		CREMATION
CREMATION  SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAIN	S 138. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE (	DF FACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIP!	PED 14C. ADDRESS AND SIGNATURE OF PERSO OF PLACING WITH THE CARRIER	IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		F- 158. DATE OF DISPOSITIO	N CHARGE OF DISPOSITION OF	CHISE MUMBER CREMATED RE- LINS DISPOSER F APPLICABLE

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

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Muck Set-yP

REA-104 (7-95)

Date 12 - 24-03

of	you	Louis Hill
ina	Types of Bartel Contestion	Funeral, date, time Monday Se 2711:30
Church, Cl	hapel, Graveside	CA BURIAL Mortuary.
All Funeral	cars must arrive before	a 3:30 p.m. of regular work day or an extra charge of \$
will be app	lled and billed to unders	signed.
		1/2 SECTAR
Lot	Grave	Row Section # Division/Block
Grave epar	ce & Care Fund	
Additional	spaces and care fund	
Opening/C	Hoeing & Setup	PAID , cafe
Burial Con	tainer	DECK IN TO CO TO THE
Handling F	000	UCCV 4 2002 00 00 00 00 00 00 00 00 00 00 00 0
Flower vas	ses - Marter Miles	V7 12 0
Recording	and filing fee	VT HOPE CEMETERY
Sales taxe	>	
	11 1	Total Due
	1	Paid receipt number R-57032 53.00
	3	Balance due
I hereby ce	entify I am the	of the above named decedent disposition of remains as above indicated. I certify and represent
that I have	the right to make this as	horization and I agree to hold Mt. Hops Cemetery harmless from
any liability	on modern or ourd and	
any liability		SA 1. (1) (1)
any liability	uthorize the Interment in	1 17 A T A T A T A T A T A T A T A T A T A
any liability I hereby au		Address/MZI NEW CASHE CT
any liability I hereby au hold under		Address (6034, MF4) Castle ct
any liebility I hereby at hold under	cleed.	Address (6034, MF4) Castle ct
arry liability I hereby au hold under	deed.	X Addition 6036 NEW CASTLE CT

O Printed on respelled poper

This information is available in alternative formats upon request.

## MT. HOPE CEMETERY INTÉRMENT ORDER

AT NEED

City of San Diego

Date 12/24/03

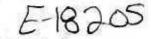
You are hereby authorized and instructed, subject of KUNIO ADRAKU	227343
in a O.O.O.O.O.O.O. Funer	ral, date, time December 30th Tues
Church, Chapel, Graveside	: Humphey Mortuary.
All Funeral cars must arrive before 3:30 p.m. of reg	gular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot <u>5034</u> Grave / Row	Section Division/Block/ O
Grave space & Care Fund	1205.00
Additional spaces and care fund	
Opening/Closing & Setup	413.00 U1800
Burial Container	418.00
Handling FeesDEC 2	
Flower veses - Marker setting fee	
Recording and filing feeMOUNT.HOP	E CEMETERY 5000
Sales taxes	32.40
12-24-03P02:22 PA	D Total Due
Paid receip	of number MC 3470-40
5 /	(WFe) Balance due
I hereby certify I am the AUGHTEL FU and this is your authority to make disposition of re that I have the right to make this authorization and any liability on account of said authorization and in I hereby suthorize the interment in lot I	
hold grade deed Augusta	t bol ANSEL RA, #101
Partiette Partiet Part	BURLINGAME, C4 94010 CHV (614) 871-0663 200000
Your	Invoice #
Work Order # E 18205	Acct. #

## MT HOPE CEMETERY [-18205

#### GRAVE BLIND CHECK FORM

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

47/20	Kubo	х	Konish	Edvansa
Blind Check I	nitiated By: Pa	wet	te C	Date: 1 <u>2/29/03</u>
nter:nent Dat	ce for: Kur e: +10 (a)	30/03	Time: 10	:00 Chepe
Grav∋ Laid oι	Sect: Blk ut by: <del>Norman</del> egal Card: O Y	Len	quan	
Agrees with N	Map: ☐ Yes	ں ۔	No ak	19 on glave Date: 12/24/0



#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT—FIRST (GIVEN)   1B. MIDDLE	1C. LAST (FAMILY)	20,100 (20,000)		DATE OF DEATH 4. SE	×	
	KUNIO - ANR		ANRAKU	ANRAKU 05/18/1914 12				
5/	CITY OF DEATH	lon out	5B. COUNTY OF DEATH	-OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FULL MAIL	NG ADDRESS AND ZIP COR		
	NATIONAL C	The second secon	ENTER STATE SAL	DIEGO	NOBUKO KAMIMURA	(WIFE)	9	
	HUMPHREY CH	IDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON IULA VISTA MORTUARY Y, CHULA VISTA, CA 91910	i -#	APPLICABLE -	5432 RENAISSANCE SAN DIEGO, CA 921	22		
_	LANCOUR DE MONTO DE LA COMP	I I have advantage as confirmed that the account of the	F 77		BA. SIGNATURE OF APPLICANT—FINA		200	
	ACKNOWLEDGMENT OF AP	Section 19376 of the Health and Salety Code, and was author	prized pursuant to Section 7100 of the	Health and Safety Code	20	12/29/200	-	
	PERMIT UTHORIZATION OF OGAL 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 SINES FOR MIGHT OF REPOSAL DUTSEE OF CALIFIEMA.	13.00	12/29/200 M. DOMING	7 T. T. S	. REGISTRAR ISSUING (PERM	ICT.	
1	IY CHANGE IN DISPOSE ION REQUIRES A NEW BEAUT TO SHOW FINAL DISPOSITION.	BO. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA  P.O. BOX 85222			OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA			
10	AUTHORIZED DISPO	SAN DIEGO, CA 92186-5222	- 0		1 FOR CORON	ER'S USE ONLY	5	
-	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	Difference of the second				
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETE MOUNT HOPE CEMETERY  3751 MARKET ST., SAN DIEGO		118. DATE BURIES	1//	N IN CHARGE OF BURIAL		
BLE TEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CRÉMAT	FORY	128. DATE CREMAT	ED 12C. SIGNATURE OF PERSON	IN CHARGE OF CREMATIO	N	
T APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIV	/ED 13C, SIGNATURE OF PERSON	N IN CHARGE OF FACILITY	_	
MILLELE	TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPE	OF PLACING WITH THE		E	
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTR</u>		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITION			

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

# Atrud

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/84/03

The second secon	to your rules and regulations, to inter the remains
or Louis Hill	11 3/25 1135
in a Fund	rel, date, time MM (2/39 1130
Ohurch Chapel, Graveside	: CA Buy a Mortuary.
All Funeral cars must arrive before 9:00 p.m. of re	gular work day or an extra charge of \$
will be applied and billed to undersigned.	*
Lot 238 Grave 3 Row	_ Section 2 _ Division/Block 12
Grave space & Care Fund	<u> </u>
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	10 201
Handling Fees	100-
Flower vases - Marker setting fee DEC-2-8	2003
Recording and filing fee	_ ひ_
Sales taxes	CEMETERY
	Total Due
Paid recei	pr number K 57034548.20
1	D On Balance due
I hereby certify I am the	of the above named decedent emains as above indicated. I certify and represent I lagree to hold Mt. Hope Cemetery harmless from interment.
I hereby authorize the interment in lot I hold under deed.	GO36 New Castlect
12-26-03A10:34 PAID	Applicas Carried
Signature of recentled holder of deed	
Von	\$5 D CA 9211 4 Com
	Invoice #
Work Order # E 18206	Acct. #

## MT HOPE CEMETERY E18206

#### GRAVE BLIND CHECK FORM

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

	V						
Morta	Burnett		Ulka	س			
			Den				12/2/-
Blind Chec Interment Interment	space for	: 10	us	Hil			12/26
Div: <u> </u>	_ Sect:_	<u>2</u> B	lk/Row:				r. <u>3</u>
Agré∋s wi	th Legal ( th Map: /				Le	30	nove

E-18206

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

_						azirizi zirizi zirizi	- I de la companya del companya de la companya del companya de la
1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE			1C. LAST (FAMILY)			TE OF DEATH 4. SEX	
_			HILL			23/2003 H_	
5,4	. CITY OF DEATH	225		5B. COUNTY OF DEAT	H — OUTSIDE CALIF., 6	OF INFORMANT TO THE MAILING	ADDRESS AND ZIP OF
_	SAN DIEG	The second second				6036 NEWCASTLE CY.	
7A		DORESS OF CALIFORNI	A - FUNERAL DIRECTOR OR PERSON		PPLICABLE	SAN DIEGO, CA 92114	
	2200 HIC		MATIONAL CITY, CA	San Committee of the Co		A. SIGNATURE OF APPLICANT—Person lake	
	ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed disposition s and Salety Code, and was authorized pursuant to Sa	action 7100 of the Health and Safety Co	de.	Claudette Pin	12/26/2003
-	r-nmit.	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. D RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	813 00	98. DATE PERMIT IS 12/29/200 C.RUSS		TRAR ISSUING PERMIT
A.	LOCAL REGISTRAR	9D. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEATH	9E. ADDI		DISTRICT OF DISPOSITION — NANOTHER DISTRICT IN CALIFORNIA	.*
	A. BURIAL (INCLUDE) B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS O	OTHER [	E TEMPORARY ENVAULT  F. DISINTERMENT  G. SHIP IN TO CALIFORNI  D. TRANSIT TO OUTSIDE	<b>4</b>	I. DISPOSITION PENDING - (Name and Address)	- REMAINS LOCATED AT
	BURIAL	HI. BOPE	CEMETERY, 3751 M. D, CA 92162		11B. DATE BURIED	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
RE ITEMS	CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMAT	ED 12C, SIGNATURE OF PERSON IN	CHARGE OF CREMATION
IL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECEIVE	ED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	OF PLACING WITH THE CAR	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CA I EA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITION	158: DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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.

## Atud

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 12/20/03

You are hereby authorized a	ind instructed, su	bject to your rules and regulations, to inter the remains
or	(20M	Holmes 227345
math liner		Funeral, date, time Tues 12/30 1:00
Church Chapel, Graveside		400.00
	STATE OF THE	muriany:
All Funeral cars must arrive	before p.m.	of regular work day or an extra charge of \$
will be applied and billed to	undersigned.	
1		~
Lot 215 Grave 4	Row_	Section Division/Block 1 &
Grave space & Care Fund		985
Additional spaces and care I	N-A	4 12/31 35.50 pd
Opening/Closing & Setup,		Lor dig. to 413
Burial Container	U	AID & 1 linus 209-
Handling Fees	2500	160 160-
Flower vases - Marker settir	DEC	2 6 2003
	Disputation of the Control of Court of the C	50-
Recording and filing fee	MOUNT HO	PE CEMETERY 16. 20
Sales taxes	************	1822 26
		Total Due
	Paid	receipt number N 9 10 00 (8 53.00
		Balance due
I hereby certify I am the	MOII	of the above named decedent
and this is your authority to that I have the right to make	make disposition this authorization	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetary harmless from
any liability on account of sa	id authorization	and interment. DD DATRICA
I bearby author and a second		x Tal Juner
I hereby authorize the interm hold under deed.	nent in lot i	CONTI CILOR SA
12-26-03A1	1:34 PAID	State Of Dies Of GUIS
Signature of reconsed holder of deed		CH 20000
1)		× 619 698 2413
teu-		1
	000	Invoice #
Work Order # E 18	207	Acct. #
REA-104 (7-98)	This inform	ation is available in alternative formats upon request.

& Printed on recycled paper

## MT HOPE CEMETERY £ 18207

#### GRAVE BLIND CHECK FORM

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

	R			avon	
	3	х			
	- A				
Blind Ched	ck Initiated By	: Har	<u> </u>	Date: )	2 260
nterment :	space for:	ason	Holy	nes	
nterment '	Date: The	8 12/30	Time:	1:00	
		Blk/Row: _			
Grave Laid	d out by: you	eman Ley			
Agrees wit	th Legal Card	:□Yes _	□ No	Jag m	ave
Agre⊝s wi	th Map:  Y	es 🗇	No	o - ye	
Blinc Che	ck & Verified	By: Kenne	th Coll	Date:	2/10/03

E18207

#### APPLICATION 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 DUANE  5A. CITY OF DEATH SAN DIEGO					HONTH, DAY, YEAR MI	DATE OF DEATH ONTH, DAY, YEAR 2/23/2003	4. SEX	
					5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP GODE PATRICLA TURNER-MOTHER			
CALIFORNI	A CREMATION	A FUNERAL DIRECTOR OR PE 8 BURIAL CHAP SAN DIEGO, CA	EL	78. CALIF. LICENSE NUMBER —IF APPLICABLE PD—1357	SAN E	SOLANA ST. DIEGO, CALIFOI TURE OF APPLICANT PASSE		
ACKNOWLEDGMENT OF A		cknowledge as applicant that the proper 1376 of the Health and Safety Code, and w			> fu	inectable 14	12/2	6/2003
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH P FORMA HEALTH AND SAFETY I TY FOR THE DISPOSITION SPEC ID BIGHT OF BIGMOSAL DUTSIDE OF CALE	\$13.00	F FEE PAID 98, DATE PERM 12/29/20 J. BENY	25_ 35.	C. SIGNATURE OF LOCAL 2321210	REGISTRAR ISSUIN	g Permit
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	RDS-P.W. BOX 8 CA 92186-5222	5222	BE, ADDRESS OF REGISTRA IF DISPOSITION IS TO OCC		OT OF DISPOSITION— HER DISTRICT IN CALIFORNIA		•
10. AUTHORIZED DISP	POSITION(S) CHECK A	PPLICABLE ITEMS	V 52	,	Î	FOR CORON	ER'S USE ONLY	
B. CREMATION		AINS OTHER	F. DISINTERM G. SHIP IN TO	570	(	L DISPOSITION PEN (Name and Addre		CATED AT
BURIAL		DDRESS OF CALIFORNIA CE CEMETERY 3751 ), CALIFORNIA 9		118. DATE BURI	110.	SIGNATURE OF PERSON	N CHARGE OF BL	. •
CREMATION  CREMATION  SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128/DATE GREMA	ATED 129/	SIGNATURE OF PERSON	IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -			MAINS 13B. DATE RECE	IVED 19G.	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			RE 148, DATE SHIP	PED 14C.	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION					SIGNATURE OF PERSON CHARGE OF DISPOSITIO		AATED RE-

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

# Afud

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date_12/200/03

You are hereby authorized and instructed, subje	ect to your rules and regulations, to inter the remains
a <u>Virgie</u> Fost	er 227353
ina TS Vault Fu	ineral, date, time TULS 16 11:00
Church, Chape, Graveside	CA Burial Mortuary.
All Funeral cars must arrive before 300 p.m. of	regular work day or an extra charge of \$
ತ\ ಅರು will be applied and billed to undersigned	
Lot 38 Grave II Row	Section Division/Block   D
Grave space & Care Fund	ACCUMUM CONTRACTOR SOCIETY CONTRACTOR CONTRA
Additional spaces and care fund	- and
Opening/Closing & Setup	412
Burial Container	Z 15
Handling Fees	1D 204
Flower vases - Marker setting fee	X-848X
Recording and filling fee	50
Sales taxes	21.31
MOUNT HOP	Total Due
Paid red	celpt number <u>P57637 1948.31</u>
	Balance due
I hereby certify I am the X 5 15 tc. and this is your authority to make disposition of that I have the right to make this authorization are any liability on account of said authorization are	of the above named decedent f remains as above indicated. I certify and represent ind I agree to hold Mt. Hope Cemetery harmless from d interment.
I hereby authorize the interment in lot I	Poten Roak
hold under deed.	X 459 verde Ridge ct
Special 2 12 12 13 14 PAID	X Spring valley CA 91977 X 619) 472-9961 Telephone
Work Order a E 18208	invoice #
Work Class F	Acct. #
REA-104 (7-96) This informati	ion is available in alternative formats upon request.

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#### MT HOPE CEMETERY

E-18208

#### GRAVE BLIND CHECK FORM

	JIMINEZ	-1	Cobb	Coolbroth		
		French	x	HeCorno	Gill	
		Davis	t	ree		
nterment Div: <u>1</u> 2	Date:	<u>д</u> ві	k/Row:	ime: Lot:	11:00	
Sensen I -	ia out by	10mo	ar 1e	7-	س_ ب	

E-18208

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	VINGIE	ENT-FIRST (GIVEN)	IB. MIDDLE		IC. LAST (FAMILY)	л.		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 12/23/2003 H
5.A	SPRING VA	LLEY	¥	t <u>s</u> \$	58. COUNTY OF DE	ATH-OUTSIDE CALIF.		RELATIONSHIP, PULL MAILING ADDRESS(AND ZIP CODE
7 A		CADATIO	200101100000000000000000000000000000000	The second second	ES :	CALIF LICENSE NUMBER IF APPLICABLE FD-1357	459 SPRI	VERDE RIDGE CT. DEC VALLEY, CA 91977
	ACKNOWLEDGMENT OF A	on a sect	knowledge as applicant to	hat the proposed disposi	Marie E		× 10	ATURE OF APPLICANT—Person being point; BB. DATE-SIGNED
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT ONES IN	ORNIA HEALTH AND Y FOR THE DISPOSI	SAFETY CODE TION SPECIFIED	\$13.00	98 273672 J. BENEZ	222	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2321379
4	IY CHANGE IN DISPOSI- ION REQUIRES A NEW BRAIT TO SHOW FINAL	9D. ADDRESS OF RE F DEATH OCCURRE VITAL RECOR SAN DIRECT	DE-P.O.	OX 65222		ADDRESS OF REGISTRA F DISPOSITION IS TO OCI		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA
	B. CREMATION		INS OTHER		E. TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CALL H. TRANSIT TO OU		3	I. DISPOSITION PENDING—REMAINS LOCATES (Name and Address)
	BURIAL	MI. HOPE C	ENCETERY 3	751 MARKE		11B. DATE BURN	ED   110	SIGNATURE OF PERSON IN CHARGE OF BURIAL
BLE LEMS	CREMATION	12A. NAME AND AC	oress of Calif	ORNIA CREMATO	RY	128. DATE CREMA	ATED 12C	SKINATURE OF PERSON IN CHARGE OF CREMATION
IL APPLICA	SOIENTIFIC USE	13A. NAME AND AC	DRESS OF CALIF	ORNIA FACILITY I	RECEIVING REMAINS	138. DATE RECE	EIVED 130	D. SIGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE	TRANSIT	14A. NAME AND AC REMAINS OR	DRESS IN RECEIVEREMATED REMAI			14B. DATE SHIP	PED 140	D. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
•	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	rest point on Sh ntify final place		er description suf t of disposition	15B. DATE OF DISPOSITIO		CHARGE OF DISPOSITION 15D, UCENSE 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.

IN Grave of Hum 18 21510 City of San IN-

y Humimoto		Date /2 /	24/03
You are hereby authorized and instructed,	subject to your rules ar	nd regulations, to	inter the remains
ina Ashvaut		AVD	1/26
Type of Bariel Conteiner Church, Chapel, Graveside		Take N	Mortuary.
All Funeral cars must arrive before 3:30 p.n	n. of regular work day	or an extra charge	of \$
will be applied and billed to undersigned.			
Lot <u>4/33</u> Grave 1 Row_	Section	Division/	ande 10
Grave space & Care Fund	E- 833	44	<u>+</u>
Additional angus and care tund			
Opening/Closing & Setup	under,	sucky	116.00
Burial Container		Í	61.00
Burial Container			66,00
Flower vases - Marker setting fee	AID		
Recording and filing fee			
Sales taxes DEC 2	9 2003		7.73
12-29-03X07: HOE	E CEMETERY	al Duel (04)	297.73
12-X4-03M04.30m	o receipt number	Balance du	0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I soree to hold	e Indicated, I cert	named decedent fly and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Signature Address At	Jack	d
Signature of recorded holder of died	City B	0/1	Zip Code
Paulette 10000	Telephone.		70
18209	Invoice #		
Work Order # E 18209	Acct. #		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		43	USE BLACK INK ONLY - MAK	(E NO ERASURES, V	VHITEOUTS OR OT	THER ALTERATIONS	21
		ENT-FIRST (GIVEN)	1B. MIDDLE	1C LAST (FAMILY)			E OF DEATH 4. SEX
	LMA	_		ODA		MONTH DAY YEAR MONTH 07/14/1919 12/1	3/2003 F
SA. CI	TY OF DEATH			SB. COUNTY OF DEAT	H — OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	
	DNTEREY				ANGELES _	STEVEN ODA-	-SON
(ACT)	PED NAME AND		A - FUNERAL DIRECTOR OR PERSON A SOCIETY		F LICENSE NUMBER APPLICABLE	224 S. ELM	01001
43	12 WOODM	AN AVE. SHE	RMAN OAKS, CA. 914	.23 FD-	-1359	ALHAMBRA, CA 84, SIGNATURE OF APPLICANT—PRIOR MANY	pent 8B. DATE SIGNED
AC	KNOWLEDGEMENT OF	APPUCANT I hereby edit of the Health	owledge as applicant that the proposed disposition sta- and Bafety Code, and was sufficited pursuant to Sec	jed herein is one of the dispositions son 7100 of the Health and Salety C	authorized by Section 103055 ode	Shay Dutunt	12/16/2003
	PERMIT HORIZATION OF AL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98 DATE PERMIT 01/16/20 C. SIMPS	004	RAR ISSUING PERMIT
ANY CH	HANGE IN DISPOSI- REQUIRES A NEW	9D. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEATH -			OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	
PERMI	IT TO SHOW FINAL DISPOSITION	313 N.FIGUE	ROA ST.LOS ANGELES		BOX 85222	SAN DIEGO, CA. 92186-	-5222
10. AU	THORIZED DISPO	SITION(S) CHECK APPLICA	ABLE ITEMS			FOR CORONOR	'S USE ONLY
X A	L BURBAL (INCLUD	ES ENTOMBMENT)		E TEMPORARY ENVAULT	MENT	I, DISPOSITION PENDING —	REMAINS LOCATED AT
□°	CREMATION CONTRACTOR OF THAN IN A CEM CONTRACTOR OF THE ONE		THER C	F. DISINTERMENT  G. SHIP IN TO CALIFORNI  D. TRANSIT TO OUTSIDE		(Name and Address)	
7			DRESS OF CALIFORNIA CEMETERY	7	118, DATE BURIED	11C. SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
	BURLAL		E CEMETERY ET ST. SAN DIEGO,C	A. 92102	1-28-04	Moeman Ley	uem
TEMS	CREMATION	HERITAGE	CANADA CANADA		128. DATE CHEMA		
岁			CO BLVD.LOS ANGELE			> V( >	17
LL APPLICABLE TREMS	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	13B, DATE RECEIV	/ED 13C SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE C OF PLACING WITH THE CARE	
DIS	ATTERING/BURIAL AT SEA OR SPOSITION OTHER IN IN A CEMETER	SUFFICIENT TO IF BURIAL AT SI	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CA DIS EA, <u>ONLY</u> ENTER LATITUDE AND LO	STRICT OF DISPOSITION	158. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150 LICENSE NUMBER OF CREMATED REMAINS DIS- POSER — IF APPLICABLE
9	OPY 1 OF THE OR COMPLET IR THE DISTR	E PERMIT ACCOMPA ING AND FORWARD ICT NEAREST THE P	ING THE PERMIT WITHIN 10 DAY	YS OF DISPOSITION T	OTHE REGISTRAR	ERSON IN CHARGE OF DISPOSITION OF THE DISTRICT IN WHICH DISPOS HE LOCAL REGISTRAR MAY DESTR	ITION OCCURRED

COPY 1

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

VS9 (REV. 3/03)

18209

REA-104 (7-05)

This information is available in atternative formats upon request.

#### MT. HOPE CEMETERY

### INTERMENT ORDER

Elsue of	ty of San Diego Date 12/2	1/03
Tar offware	subject to your rules and regulations, to in	ter the remains
in a ASh Vicuett	_ Funeral, date, timeAYD	1/28
Church, Chapel, Graveeide		Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of	of \$
will be applied and billed to undersigned.	<u> </u>	
Lot 4133 Grave 1 Row_	Section Division/Si	ook- 10
Grave space & Care Fund	E-8344	_0_
Additional spaces and care jund		
Opening/Closing & Setup See	E-18209)	
Burial Container		61.00
Handling Fees	AIR	66.00
Flower vases - Marker setting fee	AIU	_
Recording and filing fee		50,00
Sales taxes	Z 9 2003	4,73
MOUNT HO	PE CEMETERY OF Cond	18173
1 102NV613	Belence due	0
I hereby certify I am the and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorization	tion of remains as above indicated. I certiful tion and I agree to hold Mt. Hope Cemeter	amed decedent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Assessed 1 1 1 CA LED	
Signature of recorded holder of dead	City Of CO'	Zip Code
a cotte		
E 10010	invoice #	
Work Order # E 18210	Acct. #	
The first test and the state of		

This information is available in alternative formats upon reques

## MT HOPE CEMETERY E-18210

#### **GRAVE BLIND CHECK FORM**

burial space ()	Levi				T
	urdcell	NASH	Bour		
		х			
SAR	atton		wilsen		
				-	1
nd Check Initiat erment space fo	or: Elmo		n Ola		1/20

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		ISAMU	SCANAGO - CONTRACTO	- A						
LOS A				ODA			1172271521	69718	272002	M
	NGELES		5B. COUNTY ENTER ST	ATE	- OUTSIDE CALIF. ANGELES		RELATIONSHIP, FULL ORMANT STEVEN	MAILING AD	DRESS AND	1000
WESTER RECEIVED	NEPT	TA-FUNERAL DIRECTOR OR PERSON UNE SOCIETY			LICENSE NUMBER PLICABLE		224 S.E	ELM ST.		98.50
4312 WOODM	IAN AVE. SH	ERMAN OAKS, CA. 9	1423	FD-1	359	8A. SIGNA	TURE OF APPLICANT-			SIGNED
ACKNOWLEDGEMENT OF		wivelege as applicant that the proposed disposition and Safety Code, and was authorized pursuant to S				sino	up xuju	4	01/2	1/200
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF HAND SAFETY CODE AND IS THE AUTHOR IN SPECIFIED IN THIS PERMIT O RIGHT OF DEPOSAL OUTSIDE OF CALIFORNI	\$13.00	FEE PAID	98. DATE PERMIT		9C. SIGNATURE OF LOCA	nashir	1 1	m ^T
MY CHANGE IN DISPOSI- TION REQUIRES A NEW	IF DEATH OCCURE	GISTRAR OF DISTRICT OF DEAT	90012	IF DISP	OSITION IS TO OCCUP	IN ANOTHER	T OF DISPOSITION — R DISTRICT IN CALIFORNIA			¥
DISPOSITION	313 N.FIGUI	EROA ST.LOS ANGEL	ES,CA.	PO B	OX 85222	SAN DI	EGO, CA. 921	186		9//
AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ABLE ITEMS					FOR C	ORONOR'S	USE ONLY	*
S. CREMATION  G. DISPOSITION OF THAN IN A CEME  D. SCIENTIFIC USE	CREMATED REMAINS (	OTHER	E. TEMPORARY  F. DISINTERME  G. SHIP IN TO C	NT CALIFORNIA			I. DISPOSITION P		MAINS LOCAT	EDAT
BURIAL	MOUNT HOPE	DRESS OF CALIFORNIA CEMETE E CEMETERY ET ST.SAN DIEGO, CA			118. DATE BURIE		SIGNATURE OF PER	D		HAL
CREMATION	12A. NAME AND AC	5DRESS OF CALIFORNIA CREMAT	FORY		CONTRACTOR OF THE PROPERTY OF	The state of the s	SIGNATURE OF PER			EMATION
SCIENTIFIC USE	13A. NAME AND AC	OPPESS OF CALIFORNIA FACILITY	PRECEIVING REA	MAINS	138, DATE RECEI	VEO 130	SIGNATURE OF PER	ISON IN CHA	ARGE OF FAC	YTUK
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		îΕ	14B DATE SHIPP	ED 140	OF PLACING WITH T			HARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CA EA. ONLY ENTER LATITUDE AND L	DISTRICT OF DIS		15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	SITION	15D, LICENSE N CREMATED REI POSER — IF AF	MAINS DIS
FOR COMPLETI	NG AND FORWARD	ANIES THE REMAINS TO THE DING THE PERMIT WITHIN 10 D POINT WHERE THE CREMATE IE YEAR FROM ISSUE DATE.	AYS OF DISPOS	OT NOITE	THE REGISTRA	A OF THE	DISTRICT IN WHICH	DISPOSITI	ON OCCUR	RED _

18210

Jan 26 04 02:12p

626 281 5864

MT. HOPE CEMETERY

~	INTERA	MENT ORDE	R	
Total Eland	chy of o	of Sam Dilego	Date 12/2	9/03_
You are hereby authorized	nd and instructed, se	Triples to your rules an	nd regulations, to it	nor ine remains
ing ASh Vacus	Grand .	Funeral, date, time _	ALD	
Church, Chapel, Graves				Morkumy.
All Fungral cars must are will be applied and billed		or redrain mout only t	A OU SEAS CHARGE	ar \$
salk 84 Stbress and trues	to universigning	100		
Les 4/3,3 anom	/ Row	Section	Division/6	on 10
Grave apace & Care Fun	<b>d</b>	E-8344		0
Additional spaces and ca		(0.6)	1074-44-1 ₀₋₁ 1760-47-1 <b>00</b>	
Opening/Closing & Setu	care =	- 182011	**********	77
Burial Continer		**************************************		61.00
Harding Fees	etting too	<b>SID</b>	**************************************	66.00
Recording and hing less.	DEC 2	9 2009	adas (/ 1400q. 4 ) (a <b>sas</b> ₁ . ,	50,00
	MOUNT HOP	Б СЕМЕТИЙ <b>О</b>	a Cod	181.73
	0	10.15.150	Balance due	Ø_
I hareby cartify I am the and this is your surfacily that I have the right to me any liability on occount o	to make discoulded the this suffrontzello	n of remelts as above n and I agree to Bold I and Interment	of the above r indicated. I carti Mr. Hope Cemeter	wined decaden y and represent y hamilese from
	ierment in lot I	224	S, Elm	SF
		#11/16	201-20	79600
		THOUSAND TO	-281-00	03
Or rother				

This information is available in alternative formate upon request.

BALLET .....

# Afrid

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/29/03

You are he		ructed, subject to your ru	les and regulations, to I	nter the remains
of	Edwina	Momas	921 240 C	nicuns
na	S Vau 1 F	Funeral, date, t	ime/11/2	11.00
Church, Ch	riapel, Graveside		Rogsdale	Mortuary.
All Funeral	cars must arrive before	3166 p.m. of regular work	day or an extra charge	af \$
	lied and billed to undersi	5:00	3000 T 1900 T	
will be app		g. 10.01.		
7	Grave 9	Row Section	2 Division/	ID
			1/1/5	Noon 10
Grave spa	ce & Care Fund		775	
Additional	spaces and care fund			·
Opening/O	losing & Setup			413
Buriel Con	tainer	PAID		275-
				117/11
	· · · · · · · · · · · · · · · · · · ·	EC 2 9 2003		CONTRACTOR OF THE PARTY OF THE
Recording	and filling fee			- 50
Salee taxe	. MUUNI	HOPE CEMETE	RY	
			Total Due	463.31
		Paid receipt number	K 57040	963.31
		ALAMAN STORAGE SANDERS	Balance du	· co
l bankara	ertify I am the X 5	01	New Control	
			above indicated, I certi	named decedent fy and represent
that I have any liabilin	the right to make this au on account of said auth	thorization and I agree to porization and interment.	hold Mt. Hope Cemete	ry harmless from
200401002000		v1	1. 1/	Ku
l hereby at	uthorize the interment in	lot l	me 12	1Tin 10
noid dride	uoou.	X-21	19 COOLW	HIGH DA
Bignature of rec	corded holder of deed	/ 🔀		
		X 6	19-479-08	364 moods
		Telophone		-
		Invoice		
Work Orde	E 1821	1 Acct. #		3
WOLV CLOS	TOTAL STREET,	nui. #		

## MT HOPE CEMETERY E-18011

#### GRAVE BLIND CHECK FORM

	Dino	s - eb	1.2 0/-		
	Deloose	been	1		250
burson	waters	Х	Mitchell	SIL	a
	sound o	TIMANIZ		,	

	Bourd Jimaniz	
Blind Check In	nitiated By: Para	Date: 12/29
Interment Date	9: Fri 1/2 T	rime:117-00
	ect: _ & Blk/Row: _ t by: <del>\le cman f w</del>	Lot: 36 Gr: 9
DESCRIPTION DESCRIPTION	egal Card: ÆLYes 🗆 N	I No Jus mue
	& Verified By:	Amade Date: 15/20/00

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F-18211 85

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

A. NAME OF DECE	ENT-FIRST (GIVEN)	18. MIDDLE	! IC. LAST (FAI	(ELY)		2. DATE OF BIRTH   3. DAT	E OF DEATH 4. SEX
- Edwina -			Wilki	ns	1	MONTH DAY, YEAR MONTH	2.06/2003 F
SA. CITY OF DEATH	San Die	go	5B. COUNTY O	F DEATH—OUTSIDE CALIF TE San Diego	F. 6. NAME, OF INF	RELATIONSHIP, FULL MAILING A ORMANT See L. Thomas, S	DORESS AND ZIP CODE
		tuary, 5050 Fed	eral Blvd	7B. CALIF, LICENSE NUME —IF APPLICABLE FD-1329	BER 219	Coolwater Driv Diego, CA 9211	e
San Diego	, CA 92102			1551 1550		YURE OF APPLICANT—Person taking	
ACKNOWLEDGMENT OF	APPLICANT I bereby Section II	acknowledge as applicant that the propose 0376 of the Health and Safety Code, and was	od dispusation stated heren is a a authorized pursuant to Section	one of the dispositions authorized 71,00 of the Health and Safety Cod	by DI	an compete	12/30/2003
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PR FORMIA HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI IO MINIT OF DISPOSAL OUTSING OF CALIFO	OOE FIED	98. DATE PE 12/31/ B. Ca		GC SIGNATURE OF LOCAL REG 2321482	GISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DE IN CALIFORNIA TES, P.O. Bex 8.	5222	9E. ADDRESS OF REGIST IF DISPOSITION IS TO		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DIS	POSITION(S) CHECK A					FOR CORONER'	S USE ONLY
B. CREMATION	OF CREMATED REM CEMETERY USE		F, DISINTERME	CALIFORNIA O OUTSIDE OF CALIFOR	parties.	I. DISPOSITION PENDIN (Name and Address)	
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA CEN Cemetery, 3751 Liego, CA 92102	Harket Stree	118. DATE 8	4 1/4	Kum F	lamy me
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CRE	EMATORY	12B, DATE CR	HEMATED 120	SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC	13A, NAME AND A	DORESS OF CALIFORNIA FAC	BLITY RECEIVING REM	AINS 138. DATE R	ECEIVED 13C	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		E 148 DATE S	HIPPED 14C	ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO ID	arest point on shorieline, c entify final place and ca <u>c</u>				SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISO: LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

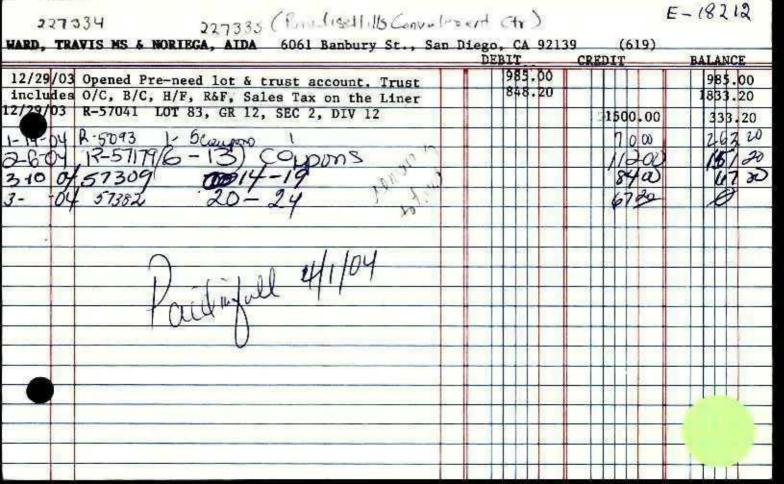
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

# MT. HOPE CEMETERY INTERMENT ORDER

City of San		2 72 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PU est of San	De	te <u>/2/29</u>	103
	erick on the second state of		orang a telebrat grade
You are hereby authorized and instructed, subject to	THE RESERVE OF THE PARTY OF THE	gulations, to int	
9000000	02-	_ ,	1
Type of illurial Container	, date, time		
Church, Chapel, Graveelde		2772	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regul	lar work day or ar	extra charge o	/ \$
will be applied and billed to undersigned			
Lot 83 Grave 12 Row	Section 2	Division/Bic	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 the			
Recording and filing feeDEC 2 9 2003	CONTRACTOR AND A CONTRACTOR OF THE		50.00
Sales taxes			1620
MOUNT HOPE CEME	TERY Total D		183320
MOUNT HOPE CLINE	number R-5	7041	1500.00
rad receipt	HUTTURE /	Balance due	333.20
I hereby certify I am the and this is your authority to real a local of of rem that I have the right to make this authorization and I a any liability on account of said authorization and interest the said authorization and autho	ains as above inc agree to hold Mt.	ficated. I certify Hope Cemetery	harmless from
hold under deed Pard water CEMEN	SQY	watlo	nse )
someture of recorded house R-57382	id allow	Nonegy	Zlp Code
sulette leavety mist	Jane / Un	V	
<b>■</b> 18212 '	nvoice #		
	Acct. #	The second	
	The second second second second		

REA-104 (7-96)

This information is available in alternative formats upon request.



WITHESS our hands this day and year above written.

Beed to be issued to:

\$3 mos. 0 57.00

1700. 0 57.30

PURCHASER

Print Name

Sygnateur e

6061 Lanbury St Street Address (Mail)

Sau Dugo Ca 92139

CITY OF SAN DIEGO Mt. Hope Cemetery

By: Daulitte Crawford

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

## . MT. HOPE CEMETERY

### INTERMENT ORDER

City of S	an Diego
otal iles cutional	Date 12/29/03
You are hereby authorized and instructed, subject	t to your rules and requistions, to inter the rem
of mary 2. Burch	ell 227347
In extens Fune	eral, date, time Friday Jan 2 /1.
Church, Chaper, Graveside	: El Cason Mortu
All Funeral cars must arrive before 3:30 p.m. of re	agular work day or an extra charge of \$
will be applied and billed to undersigned.	THE CONTRACT HER PARTY PARTY
In a	, ,,,
Lot 77 Grave / Row	Section Division/Block/
Grave space & Care Fund	- 2499 _ €
Additional spaces and care tund	AID -
Cidening/Cideing & Setup	AID 413.0
Burial Container DEC	7 9 2003 209.0
Flower vases - Marker setting for MOUNT HO	PE CEMETERY
Recording and filing fee	50.0
Sales taxes	OND :
	P FRAME CUR
Paid rece	ipt number $K = 2/04 = 5.70$ .  Balance due
I hereby certify I am the daughte	of the above named dece
and this is your authority to make disposition of n that I have the right to make this authorization and	remains as above indicated, I certify and repre-
any liability on account of said authorization and i	Interment.
I hereby authorize the interment in lot I	Sandra K. Wagner
hold under deed.	6070 Switz St.
Signature of recorded holder of deed	da Mesa (4) 9/94
7 1 16 -	[BOP - 404 ( PO)
Juletta	
- 18213	Invoice #
Work Order # E	Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

## MT HOPE CEMETERY F-18213

#### GRAVE BLIND CHECK FORM

	Dalbb	ey	-
50+0	x	rewis n	nartin
		Sevier	

			and the same of th	C Date	: 12/30/03
Interment :	space for:	Mary	Bir c	hecc	-
Interment	Date: 1	2-04	Time	11:00	GS,
Div: <u>//</u>	_ Sect: _	/ BIK/F	Row:	Lot: <u>44</u>	Gr: <u>/</u>
Grave Laid	d out by:	Jorman	fergu	en	
Agrees wit	th Legal C	ard: 🗹 Ye	s 🗍 N	o Ilag	on Drave
Agre∋s wi	th Map: 0	Yes	□ No		
Blind Che	ck & Veri	fied By:	Kenneth Ca	Olins Date	e: 12/30/0

E 18213

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

17	. NAME OF DECEDE	NT-FIRST (GIVEN) 18, MIDDLE	IC. LAST (FAMILY)	TO COMPANY OF THE ACTUAL STATE		TE OF DEATH 4. SEX
	MARY	LOUISE	BIRCHELL		06/21/1918 12/	27/2003 F
5/	CITY OF DEATH		58. COUNTY OF DEATH	-OUTBIDE CALIF.	B. NAME, RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP COM
	LA MESA		ENTER STATE SA	N DIEGO	OF INFORMANT SANDRA WAGNER - DAL	IGHTER
7/	EL CAJON M		1	FAPPLICABLE	6070 SARITA ST LA MESA, CA 91942	**************************************
	684 S MOLL	ISON AVE, EL CAAON, CA 92020	FD-	-1022	BA. SIGNATURE OF APPLICANT-Person take	ne perne, 88. DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disp Section 10376 of the Health and Safety Code, and was auth			July / chica	12/39/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THE PERMIT SHES NO MONT OF DISPOSAL OUTSIDE OF CALIFORNIA.	Charles and Charles and Charles	12/31/2 JACKIE KO	Control of the contro	EGISTRAR ISSUING PERMIT
3	Y CHANGE IN DISPOSI- TION REQUIRES A NEW BRAIL TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT # DEATH OCCURRED IN CAUFORNIA P O BOX 85222 SAN DIEGO, CA 92186-5222			OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	*1
10	. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER	'S USE ONLY .
-	B. CREMATION	SE	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNA	(Neme and Address)	
	BURIAL	MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEG		1/2/04	al Al	CHARGE OF BURIA
APPLICABLE ITEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATE	FORY	128. DATE CREMA	ED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B, DATE RECEI	VED 19C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE AL	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE N/A		14B. DATE SHIPP	D 14C ADDRESS AND SIGNATURE OF PLACING WITH THE CAL	
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O' FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		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 12/30/03

na _lines	Fugeral, date, time Thun's 18	9.00
Church, Chapel, Graveside LOT	ly Mayes	Mortuary.
All Funeral cars must arrive before the page	L of reguler work day or an extra charge of \$	9
will be applied and billed to undersigned. $_$		
LOI	Section Division/Block	12
Grave space & Care Fund		185
Additional spaces and care fund		1.7=
Opening/Closing & Setup	Z	13-
Burial Container		09-
Handling Fees		40
Flower vases - Marker setting fee		
Recording and filing fee	04P03:11	50
Sales taxes		16.90
1	Total Due	33. <i>2</i> 0
study 2 pay Paid	receipt number <u>57065</u> [8	33,20
MILLOUNIXITY	Balance due	0
1100		danadam
()	of the above named	u uovoueiii
I hereby cardify I am the X and this is your authority to make disposition	on of remains as above indicated. I certify and	represent
I hereby cardify I am the X and this is your authority to make disposition	on of remains as above indicated. I certify and on and I agree to hold Mt_Hope Cemetery han	represent
I hereby callify I am the X and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I certify and on and I agree to hold Mt_Hope Cemetery han	represent
I hereby cartify I am the X and this is your authority to make disposition that I have the right to make this authorization.	on of remains as above indicated. I certify and on and I agree to hold Mt. Hope Cemetery han and interment.	d represent mless from
I hereby carriery I am the X and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.  I hereby authorize the interment in lot I hold under deed.	on of remains as above indicated. I certify and on and I agree to hold Mt. Hope Cemetery han and interment.  **Sound** **SUPPLIES** ** **Contains ** ** **Contains ** ** ** ** ** ** ** ** ** ** ** ** **	represent miess from BL# 109
I hereby carriery I am the X and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.  I hereby authorize the interment in lot I hold under deed.	on of remains as above indicated. I certify and on and I agree to hold Mt. Hope Cemetery han and interment.  **Sound** **SUPPLIES** ** **Contains ** ** **Contains ** ** ** ** ** ** ** ** ** ** ** ** **	d represent mless from
I hereby carriery I am the X and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.  I hereby authorize the interment in lot I hold under deed.	on of remains as above indicated. I certify and on and I agree to hold Mt. Hope Cemetery han and interment.  **Sound** **SUPPLIES** ** **Contains ** ** **Contains ** ** ** ** ** ** ** ** ** ** ** ** **	represent miess from BL# 109
I hereby carriery I am the X and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.  I hereby authorize the interment in lot I hold under deed.  MORUME X	on of remains as above indicated. I certify and on and I agree to hold Mt. Hope Cemetery han and interment.  **Sound** **SUPPLIES** ** **Contains ** ** **Contains ** ** ** ** ** ** ** ** ** ** ** ** **	represent miess from BL# 109

O printed on respond poper

REA-104 (7-96)

This information is available in alternative formats upon request.

## MT HOPE CEMETERY E-18214

#### GRAVE BLIND CHECK FORM

tne bunai spa	ice.				
			Bushnell		
		х -			
	Tones				Brown
Interment spa	Initiated By: _{ ace for!	erice	. F	Date:	
i <u>-Cl_</u> :vid	Sect: BIM	k/Row:_	Lot: _		
				long or	١
Agrees with I	Legal Card: 🔊 Map: 🐼 Yes	0 01	" COK	qu	abl
Blind Check	& Verified By	KAST	Du	Mate:	1-5.03

E-18214

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

91

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		IC. LAST (F.	AMELY)	-		2. DATE OF BIRTH	3. DATE OF DEA		
MARIA		REYNALDA	FRACA	ROLI			01/07/1912	12/29/200	
SA, CITY OF DEATH	7.		5B. COUNTY ENTER ST		OUTSIDE CALIF.,		RELATIONSHIP, FULL I	MAILING ADDRESS A	ND ZIP CODE
POWAY			ENIER S	SA	N DIEGO		ORMANT MILLER - 1	DAUGHTER	
MAYER MORT	UARY	A FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH		PLICABLE	10552	GREENBRIE	R RD.	
2009 ANAMO		DIEGO, CA 92116				BA. SIGN	ATURE OF APPLICANT	Person taking perest, 88.	DATE SIGNED
ACKNOWLEDGMENT OF A		channelings as applicant that the proposed disp 376 of the Health and Salety Code, and most author				<b>&gt;</b> \	1	1.10	131/100
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED IN MORT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$13.00	OF FEE PAID	98. DATE PERM 12/31/20 R.MARTIN	003	9C. SIGNATURE OF LI 2321572	ÖCAL REGISTRAR IS	SUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	GISTRAR OF DISTRICT OF DEATH D IN CAUFORNIA BOX 8522 CA 92186-5222					HICT OF DISPOSITION— WHER DISTRICT IN CALIFI —		i .
IČ. AUTHORIZED DISP	DSITION(S) CHECK A	PPLICABLE ITEMS		*	7.0		FOR COL	RONER'S USE C	NLY (
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE	Ĺ		CALIFORN TO OUTSIDE	OF CALIFORNIA		(Name and		O DIROLA
BURIAL	MI. HORE C	CA 92102	KET ST.		/ 0		11-17	le in a	
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMAT	TORY		128. DATE CREMA	ATED 120	SIGNATURE OF PER	ISON IN CHARGE O	FCREMATION
SCIENTIFIC USE	13A. NAME AND AL	odress of California Facility	r receiving re	MAINS	13B. DATE RECE	IVED 130	. SIGNATURE OF PEI	rson in Charge C	OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		RE !	14B. DATE SHIPE	PED 140	ADDRESS AND SIGNOF PLACING WITH		n in Charge
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline, or ot intify final place and ca <u>distr</u>			15B. DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPO	SITION   OF	ENSE NUMBER CREMATED RE- INS DISPOSER F APPLICABLE

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

## Atrud

REA-104 (7-95)

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/30/03

	227357	
You are hereby authorized and instructed, subj	ect to your rules and regulations, to inter the	remains
d_ Balbala	gornoon w	
ina ash vault Fi	uneral, date, time Tues 1/6 3:0	ש
Church, Chapel Graveside	Contact M	lortuary.
All Funeral cars must arrive before .m. o	f regular work day or an extra charge of \$	201
will be applied and billed to undersigned.	<del></del>	-
Lat 243 Grave Row	Section 3 Division/Bleck	<u>8</u>
Grave space & Care Fund	E 9090 -	9
Additional spaces and care fund		w 355
Opening/Closing & Setup		6
Burial Container		01-
Burial Container PA		ole -
	12	8-
Flower vases Marker setting fee DEC 3 1	1 2003	- a
Sales tovos	4	1.13
MOUNT HOPE	CEMETERY 435.73	7.7
Paid re	scelpt number R57044 43	5.73
	Balance due	<del>&gt;</del>
I hereby certify I am the X Fatle	of the above named d	ecedent
and this is your authority to make disposition of that I have the right to make this authorization of		present
any liability on account of said authorization ar	id Interment	
I heraby authorize the interment in lot I	* Donell Than	-02
hold under deed.	x 2259 Debco Dr.	
Signature of recorded holder of deed	L'Isemon Grove CA 9	1945
. Ham	\$ 619-466-75-29 Telephone	Zip Gode
	Invoice #	
Work Order # E 18215	Acct. #	

& Printed on recycled paper

This information is available in alternative formats upon request.

Marique Auce 12/29 gave permission bar Barbarers buried ducile thathrop 12/29 gave pumstion Gor Barbara Savial

E18215

of gentrude

## MT HOPE CEMETERY F18215

#### GRAVE BLIND CHECK FORM

		Melton		Moore		
woodener	Steven	Surdfort	x	Horst		Coppork
		Smith	Brown	Brown	-	
200		1		A DESCRIPTION OF		
		ted By: _		o Dah	Date:	12/30
Intermen Intermen	t space fo	or. B	ubar	a Joh Time: 3	mson 3:00	1 XQ
Intermen Intermen	t space for t Date: Sect:	DUS' B	www	a Joh Time: 3 Lot: _	213	( <b>½</b> Q Gr: _ \
Intermen Intermen	t space for t Date: Sect:	DUS' B	www	a Joh Time: 3 Lot:_	213	( <b>½</b> Q Gr: _ \
Intermen Intermen	t space for t Date: Sect:	DUS' B	www	a Joh Time: 3	213	( <b>½</b> Q Gr: _ \

E-18215 29.791

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

10080

1/	BARBARA	ENT—FIRST (GIVEN)	18. MIDDLE	JOHNS	502460	2. DATE OF BIRTH	07/2003 P
5/	LEMON GROY	/E			TE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING AT DONALD G. JORNSON	
7/	COMRAD LED	non grove is	A—FUNERAL DIRECTOR OR PERS ORTUARY II GROVE, CA 9194		78 CALIF LICENSE NUMBER —IF APPLICABLE TD941	2259 DEBCO DRIVE LEMON GROVE, CA 919 BA SIGNATURE OF APPLICANT—Person time	945
	ACKNOWLEDGMENT OF A		charwiedge as applicant that the proposed 376 of the Health and Safety Code, and was			Ymallon Q	12/08/2003
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO CORNIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF ID MISSET OF DISPOSAL OUTSIDE OF CALIFOR	NOE \$13.0	GENERAL K. C	. 2320261	ustrar issumg permit
1	IT CHANGE IN DISPOSI- ION REQUIRES A NEW BEAUT TO SHOW FINAL DISPOSITION.		EGISTRAR OF DISTRICT OF DE	CHANGES !		R OF DISTRICT OF DISPOSITION— EUR IN ANOTHER DISTRICT IN CALIFORNIA	
35	A. BURIAL (INCLU B. CREMATION	OF CREMATED REM EMETERY		F. DISINTERIME	William Control of the Control of th	(Name and Address)	REMAINS LOCATED A
	BURIAL	3751	MAKET STREET	ETERY	118 DATE BURNE	1 -1/12	CHARGE OF BURIAL
PLICABLE ITEMS	CREMATION	1625	CISLER AVENUE HESA, CA 92626	OF CALIFORNIA CREMATORY CRANGE OF THE CALIFORNIA CA 92626		OO3	HARGE OF CREMATION
ALL APPLIC	SOIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REM  14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHER REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			AINS 13B. DATE RECE	VED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
COMPLETE	TRANSIT				E 14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE CO. OF PLACING WITH THE CARE	
0	SCATTERING AT SEA OR DISPOSITION OTHER! THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OF ENTIFY FINAL PLACE AND CA <u>DE</u>			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

ou are hereby authorized and instructed, sub	Date 12/30/00
for andrew	blect to your rules and regulations, to inter the remi
a Chiner 1	Funeral, date, time
Type of Burier Comment Church, Chapel, Graveside	Mortu
Il Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
rill be applied and billed to undersigned	
ot 38 Grave 9 Row_	Section Z Division/Bleck 12
erave space & Care Fund	985.
additional spaces and care fund	DAID ==
pening/Closing & Setup	<b>PAID</b> 413
turial Container	
landling Fees	DEC 3 0 2003 160.
lower vases - Marker setting fee . MOUN	THOSE OF HETE WALL
MOUN tecording and filing fee	
Sales taxes	
	Total Due
NOS GIVINAL PAIG	receipt number M/C [835]
12-30-03P01:	50 PAID Relence due
hereby certify I am the Brother	C of the above named dece
nd this is your authority to make disposition	n of remains as above indicated. I certify and repre- n and I agree to hold Mt. Hope Cemetery harmless to
my liability on account of said authorization a	and interment.
Kenneth Unes	Beneto Sono
old under deed.	7063 CHNTHERRA C
formulate of recorded holder of dead	SAN DIEGO CA, 921
140	858-780-2791
Paulette	Telaphone
₩ E 18216	Invoice #



#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Alneed

Date 1-2-04

You are hereby authorized and instruct	ed, subject to your rules and regulations, to inter the remains
a altred La	eu 211457
ne dines	Funeral, date, time Mon gan 5 1:00
Church, Chapel Graveside	:Reaschele Morrussy.
All Funeral cars must arrive before 3:30	p.m. of regular work day drain extra charge of \$
will be applied and billed to undersigne	d
Lot 169 Grave 2 Roy	DAIN 985 M
Grave space & Care Fund	
Opening/Closing & Setup	
Burial Container	2004 2-000
	INT HOPE CEMETERY 160,00
Flower vases - Marker setting fee	
Recording and filing fee	50,00
Seleo taxes	16.20
w.	Paid receipt number 2570 49 1000, 00 833.20
I hereby certify I am the and this is your authority to make disport that I have the right to make this authorized any liability on account of said authorized.	of the above named decedent beign of remains as above indicated. I certify and represent tration and I agree to hold Mit. Hope Cemetery harmless forto
I hereby authorize the interment in lot I hold under deed.	Signature 7- 34 Woodhine Way
Signature of recorded holder of deed	San Dego (97) 1479-5282
18217	Invoice #
Work Order # E 10217	. Acct. #
REA-104 (7-96) This is	nformation is available in alternative formats upon request.

& Printed on recycled paper

## MT HOPE CEMETERY E 18217

#### GRAVE BLIND CHECK FORM

			· · · · · · ·		
					-
		X	Ashe		
	Ceasur			Jones	
Blind Check In Interment space Interment Date Div:	ce for:	FRED	CAC	·y	
				169 G	r: <u>2</u>
Grave Laid ou Agrees with Le Agrees with M	egal Card:	es/	□ No	J/09/	2 de
Blind Check 8				Date:_/	1-2-04

E-18217

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



8

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

	NT-FIRST (GIVEN)	18. MIDDLE	V.	IC. LAST IFA	MILY)		2. DATE OF BIRTH	3 DATE	OF DEATH	4. SEX
Alfred		Lee		Lacy			1072171923	12/28	72003	M_
COTTY OF DEATH	hula Vista			58. COUNTY OF	San Diego	OF WE	RELATIONSHIP, FULL M ORMANT TA A. Lacy,		ress and zip	CC
Anderson	PED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON Anderson—Ragsdale Mortuary, 5050 Fed		TOR OR PERSON AC 5050 Fede	Ieral FAPPLICABLE		7734 Woodbine Way San Diego, CA 92114			4	
Blvd., S	an Diego,	Diego, CA 92102				AND DOWNERS	A. SIGNATURE OF APPLICANT—Person taking permit, 88. DATE SIGNE			SIGNED
ACKNOWLEDGMENT OF A	PPLICANT   hereby :	actoreolecties as applicant to 1376 of the Health and Safe	hal the proposed dispose by Code, and was authorize	tion stated herew is ted pursuant to Section	one of the dispositions authorized by 2700 of the Health and Sefety Code.	<b>&gt;</b> 1. (4	as Campus	-	12/3	0/200
PERMIT UTHORIZATION OF	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT. NOTE: THIS PERMIT CHES IN	FORMA HEALTH AND TY FOR THE DISPOS	SAFETY CODE	9A. AMOUNT O	12/31/20 B. Campl	003	2321484	CAL REGIS	TRAR ISSUINC	G PERMIT
	PD. ADDRESS OF RE F DEATH OCCURSO Vital Reco		Box 85222		BE ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			RNIA	3	•
. AUTHORIZED DISPI		The second secon	JELL				FOR COR	ONER'S	USE ONLY	نه
	OF LINEMATED HEM	AINS OTHER		C CHE III TO	CALIFORNIA			1		
D. SCIENTIFIC US	11A NAME AND A Mt. Hope	DORESS OF CALIF	3751 Mark	Y	O OUTSIDE OF CALIFORNIA	D 110	SIGNATURE OF PERI	SON IN CH	ARGE OF BU	RIA E
D. SCIENTIFIC US	METERY SE 11A NAME AND A Mt. Hope	DORESS OF CALIF Cemetery, o, CA 921(	3751 Mark )2	H TRANSIT T Ket Stre	O OUTSIDE OF CALIFORNIA	ED 110	SIGNATURE OF PERI	lm	w	7
D. SCIENTIFIC US	Mt. Hope San Dieg	DORESS OF CALIF Cemetery, o, CA 921( DORESS OF CALIF	3751 Mari )2 ORNIA CREMATOR	H TRANSIT T Ket Stre RY	o outside of California  118. Date Burile  1-5-0  128. Date CREMA	ED 110	kun F	SON IN COM	URGE OF CRE	MATION
BURIAL  CREMATION  SCIENTIFIC	METERY SE  11A. NAME AND AI Mt. Hope San Dieg 12A. NAME AND AI  13A. NAME AND AI	DDRESS OF CALIF Cemetery, o, CA 921( DORESS OF CALIF	3751 Mark )2 ORNIA CREMATOR ORNIA FACILITY I	H. TRANSIT TO KET STEE RY RECEIVING REA COUNTRY WHEE	O OUTSIDE OF CALIFORNIA  11B. DATE BURIE  12B. DATE CREMA  13B. DATE RECE	TIPED 120	SIGNATURE OF PER	SON IN CH	ARGE OF FA	MATION

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

TOTAL PAID

ISSUED 8

AC-212 (Rev. 10-02)

of against Asset

#### MT. HOPE CEMETERY

### INTERMENT ORDER

700	City of San Diego			6
AK DEED		Date_	1-2-	04
You are hereby authorized and instruct of	Funeral, date, time (Company)  Funeral, date, time (Company)  O p.m. of regular work of the company (Company)  Section	and regular 30	Jam )LECOS tra charge of	# 12 985.00
Burial Container		***************************************	***************************************	275.00
Water Company of the			***********	2 (1/1/10)
Handling Fees		***************************************		
Flower vases - Marker setting fee				
Recording and filing fee	JNT HOPE CEN	ETERY		50.00
Sales taxes				10115
I hereby certify I am the	Paid receipt number _	M C	salance due the above na	med decedent and represent
that I have the right to make this author any liability on account of said authori	zation and interment.	noid Mit. Hop	E.Sus	nammess from
I hereby authorize the interment in lot hold under deed.	Signaturo 3 (	og her	in to	2n bl
Paulitte	City 7 C	57-5	54-8	407 Zo Code
Wat Out E 18218	Invoice #_	X.		

REA-104 (7-96)

This information is available in alternative formats upon request.

## MT HOPE CEMETERY [-18918

#### GRAVE BLIND CHECK FORM

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, T				- Marie
nter: nent spa	nitiated By: Rondo ce for: Rondo e: 1-5-0	a Ti	zenor	12-
oiv: 12 s	ect: Blk	/Row: _	Lot: <u>l</u>	
Grave Laid ou				

E-18218

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

44

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

FOUND

NAME OF DECE RONDA	DENT—FIRST (GIVEN) 1B. MIDDLE ETORIA	IC. LAST (FAMILY) TIZENOR	TIZENOR		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX		
SAN DIEG	TOTAL CONTROL OF THE		SAN DIEGO  ACTING AS SUCH 7B. CALIF. LICENSE NUMBER VE TO APPLICABLE VAI		NAME, RELATIONSHIP, FULL MARING ADDRESS AND ZIP OF INFORMANT ON ALD TIZENOR—FATHER OS LEXINGTON DR. ALLEJO, CA. 94591  SIGNATURE OF APPLICANT—Person taking permit. 8B. DATE SIGNED		
GREENWOO							
ACKNOWLEDGMENT O	APPLICANT I bereby acknowledge as applicant that the proposed of Section 10376 of the Health and Select Code, and was as	disposition stalled herein is one of the disp ethorized pursuant to Section 7100 of the He	positions authorized by alth and Safety Code.	K RZ	01/02/200		
PERMIT AUTHORIZATION OF LOCAL REGISTRAF		E 12 00	%1/05/200 K JONE	2400044	ocal registrar issuing Permit		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINA DISPOSITION.	PO BOX 85777			DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CAUFO			
* * * * * * * * * * * * * * * * * * * *	SPOSITION(S) CHECK APPLICABLE ITEMS	T E TEMPODARY ENVALE	THENT Y	FOR COR	DENNIC DEMANE LOSS		
B. CREMATION	N OF CREMATED REMAINS OTHER CEMETERY USE  11A. NAME AND ADDRESS OF CALIFORNIA CEME MT HORE CEMETERY 3751 MARK		IA.	I. DISPOSITION (Name and a	N PENDING—REMAINS LOCATE Address)		
A. BURIAL (IN D. B. CREMATION D. C. DISPOSITION THAN IN A D. SCIENTIFIC BURIAL	N OF CREMATED REMAINS OTHER CEMETERY USE	F. DISINTERMENT G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSIDE TERY ET ST.	IIA OF CALIFORNIA  11B. DATE BURIED  1-5-4	I. DISPOSITION (Name and )	Address)		
BURIAL  BURIAL  CREMATION  BURIAL  CREMATION  CREMATION  CREMATION  CREMATION  CREMATICS  CREMATICS	OLUDES ENTOMBMENT)  N OF CREMATED REMAINS OTHER CEMETERY USE  11A. NAME AND ADDRESS OF CALIFORNIA CEME MT HORE CEMETERY 3751 MARK SAN DIEGO CA 92102	F. DISINTERMENT G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSIDE TERY ET ST.	IIA : OF CALIFORNIA 118. DATE BURIED /- 5- 4/ 128. DATE CREMATED	11C. SIGNATURE OF PER	RSON IN CHARGE OF BURIA		
BURIAL  BURIAL  BURIAL  CREMATION  BURIAL  CREMATION  CREMATION	OLUDES ENTOMBMENT)  N OF CREMATED REMAINS OTHER CEMETERY USE  11A. NAME AND ADDRESS OF CALIFORNIA CEME MT HORE CEMETERY 3751 MARK SAN DIEGO CA 92102  12A. NAME AND ADDRESS OF CALIFORNIA CREM	F. DISINTERMENT G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSIDE TERY ET ST.  ATORY  ITY RECEIVING REMAINS DR COUNTRY WHERE	IIA : OF CALIFORNIA 118. DATE BURIED /- 5- 4/ 128. DATE CREMATED	110. SIGNATURE OF PER 12C. SIGNATURE OF PER 13C. SIGNATURE OF PER	RSON IN CHARGE OF BURIARSON IN CHARGE OF FACILITY		

From: Ronald & Billie Tizensi Date: 10-5-05 in the amy of \$118.00 for: Marker Setting for our daughter- Ronda Site location: Division 12 Section 2 Get 177 Grave 3 A Pla Mail Secrit to: Forald & Bieli Dizener 308 Lesington Dr. Vallejo, Can 945 91 Ps: Our doughters abititary is enclosed per our Conversation today 10-5-15.

## Celebration of Life Ronda Etoria Tizenor

Sunrise
July 31, 1959
San Diego, California

Sunset December 27, 2003 San Diego, California

#### Order of Service

rretuae soft music
Processional
Scripture Readings; Old and New Testaments
Prayer Minister
Vocal SelectionLetha Brown & Genoa Chapman
Acknowledgment of Condolences
Resolution
Vocal SelectionLetha Brown & Genoa Chapman
Reading of the Obituary
Expressions of Love (three minutes, please)
Vocal Selection Letha Brown & Genoa Chapman
Words of Comfort
The Parting View Greenwood Funeral Directors
Recessional

Interment Mount Hope Cemetery Monday, January 5, 2003 San Diego, California

Officiant Rev. Claude F. Eugene, Jr.

Acknowledgement

Repast at Grace Community Church 4250 El Cajon Blvd. San Diego, California

### Reflections ...

...From the union of Ronald E. Tizenor and Ruth Campbell one daughter was born. On July 31, 1959, Ronda Etoria Tizenor took her first breath. On December 27, 2003 Ronda was called to eternal rest.

Ronda led an active life and touched many lives along the way. She worked diligently with her church, youth groups and continued to excel in her job with the Department of Defense, where she was employed for 24 years.

Rhonda was a devoted mother to her daughter Chelsea and she will be truly missed. She would not want us to shed tears at her passing but to share in her peace.

... Peace I leave with you,
my peace I give to you...

Let not your heart be troubled,
neither let it be afraid.

John 14:27

Ronda leaves to cherish her memory: her daughter, Chelsea Etoria Wilkins of San Diego, California; her father and step mother, Ronald E. and Billie Tizenor of Vallejo, California; two brothers, Donald E. Tizenor Ir. of Vallejo, California and Dennis Golubuff, Jr. of Australia; and a host of family members and friends who will miss her and will cherish her memory forever.

### MT. HOPE CEMETERY

City of San Diego

AT Deed

Date_ 1- 2 - 04

	Inteside 227373
1 a 1 5 Vault	Funeral, date, time Friday Jan 9, 12:0
church Chapel, Graveside	CA BUTICL Mortuan
Il Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge of \$
rill be applied and billed to undersigned	
ot 63 Grave 3 Row	section 2 Division/Block //
Brave space & Care Fund	PAID 983.00
Additional spaces and care fund	
Opening/Closing & Setup	AN - 2 2003 41300
Burial Container	275.00
landling Fees MOUNT	HOPE CEMETE / 204.00
lower vases - Marker setting fee	
Recording and filing fee	50.00
Sales taxes	21.31
627699	Total Due
no 13131 1644	Paid receipt number BIBALL CMA 1998: 3
hereby certify I am the X 1/0/	AD Balance due
hereby certify I am the X 91/04	Title of the above named deceder
ing this is well authority to make disho	sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from tion and intermedit.
	Marca Whenst-
hereby authorize the interment in lot I	x current charles had
ord Grown Garage	1011 Shady years u
Agrusture of recorded hotsler of deed	- Jan Die gov Ca 9711
	2619-434-4546
80/	
, Cato	

# MT HOPE CEMETERY £ 18219

#### GRAVE BLIND CHECK FORM

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

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		Blackm	նԴ		
		х	wa ler	Lews	
				Majors	
nterment sp	Initiated By: ace for: Pat ate: 1-9- Sect: 2	nicia lu of	Jhitesi. Time: <u>1</u> 2	de ::au	
	out by: Aloz		1	<u></u>	
	Legal Card: Map: 12 Yes			(09) or	Porce
Blind Check	& Verified B	Menz	terra	Date:	1/2/14

F-18219

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	ENT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	10010 2000 2000 2000	2. DATE OF BIRTH   3. DATE OF DEATH   4. SEX	
PATRICIA : ANN			WHITESID	SIDE   MONTH, DAY, YEAR MONTH, DAY, YE 01/22/1958   12/31/200		
5/	L CITY OF DEATH		5B. COUNTY OF DEA	TH-OUTSIDE CALIF.,	B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CO.	
	SAN DIEGO	The same of the sa	SAN DIEGO		LYNNETTA WHITESIDE-DAUGHTER	
7,		DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A  LA CREMATION & BURLAL CHAPEL		ALIF. LICENSE NUMBER -IF APPLICABLE	4532 DAWSON AVE. #1	
	5880 EL (	CAJON BLVD., SAN DIEGO, CA 92	115 F	D1357	SAN DIEGO. CA 92115  BA. SENATURE OF APPLICANT-FISSIN INSIDE DATE SIGNED	
2	ACKNOWLEDGMENT OF A	PERCANT   I hereby acknowledge as applicant that the proposed dispos Section 10376 of the Health and Safety Code, and men authori			Alanuta Beneficial 1/08/200	
	PERMIT UTHORIZATION OF	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED	\$13.00	98. DATE PERMIT 01/08/20 J. BENY/	0100710	
A	OCAL REGISTRAR  NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186—5222		DORESS OF REGISTRAR	OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CALIFORNIA	
10	. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY	
The Carle Carle Carles	B. CREMATION	SE	ASSESSMENTALS DESIGNATE		. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)	
200	BURIAL	MT. HOPE CEMETERY 3751 MARK SAN DIEGO, CALIFORNIA 92102	ET ST.	1-9-04	D 110. SIGNATURE OF PERSON BY CHARGE OF BURIAL	
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	PRY	128. DATE CREMAT	TED 12C. SIGNATURE OF PARISON IN CHARGE OF CREMATION	
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
DMPLETE A	TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OR I REMAINS OR CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICAME	

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

#### . MT. HOPE CEMETERY

#### INTERMENT ORDER

COMMITTEE CONTRACTOR OF THE PROPERTY OF THE PR		TV 1-2-2 111-99793
		1-2-04
	Charles	1-4-114

Church, Chapel, Graveside  All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				7
You are hereby authorized and instructed, subject to your rules and requisitions, to inter the rem of Shaulut Rucky Wath and Addition 355 in a Funeral, date, time Rule Month Type of Basis Corpine Church, Chappel, Graveside All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$4.4 will be applied and billed to undersigned.  Lot 49 Grave 5 Row Section Division/Block / 2 Grave space & Care Fund Additional spaces and care fund Opening/Coeing & Setup Burlal Container Handling Fees Flower vases—Marker setting fee Recording and filing fee MOUNT HOPE CEMETERY  Pald receipt number  Total Due 833 Balance due of the above named dece and this is your authority to make disposition of remains as above indicated. I certify and reprinted I have the right to make this suthorization and I signed to hold Mit. Hope Cemetery harmless any flability on account of said authorization and interment.  I hereby authorize the Interment in lot I hold under deed.				
You are hereby suthorized and instructed, subject to your rules and regulations, to inter the remote of Shaulul Rucky Watt anakasam 335 in a Funeral, date, timing the Jam 6 in a Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$4.4 will be applied and billed to undersigned.  Lot 49 Grave 5 Row Section Division/Block / 2 Grave space & Care Fund 985  Additional spaces and care fund 985  Burlal Container 2096  Handling Feee JAN - 2 2003 160  Flower vases - Marker setting fee MOUNT HOPE CEMETERY 500  Sales taxes 166  Pald receipt number 170 3 83  Balance due of the above named dece and this is your authority to make disposition of remains as above indicated. I certify and repretent this is your authority to make disposition and interment.  I hereby authorize the Interment in lot 1 hold under deed.  Seguetars of recorded sotter of deed 500  Seguetars of recorded sotter		NIERMENT	ORDER	
You are hereby suthorized and instructed, subject to your rules and regulations, to inter the remote of Shaulul Rucky Watt anakasam 335 in a Funeral, date, timing the Jam 6 in a Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$4.4 will be applied and billed to undersigned.  Lot 49 Grave 5 Row Section Division/Block / 2 Grave space & Care Fund 985  Additional spaces and care fund 985  Burlal Container 2096  Handling Feee JAN - 2 2003 160  Flower vases - Marker setting fee MOUNT HOPE CEMETERY 500  Sales taxes 166  Pald receipt number 170 3 83  Balance due of the above named dece and this is your authority to make disposition of remains as above indicated. I certify and repretent this is your authority to make disposition and interment.  I hereby authorize the Interment in lot 1 hold under deed.  Seguetars of recorded sotter of deed 500  Seguetars of recorded sotter	- Need	City of San	Diego	C-24
You are hereby suthorized and instructed, subject to your rules and regulations, to inter the remote of Shaulul Rucky Watt anakasam 335 in a Funeral, date, timing the Jam 6 in a Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$4.4 will be applied and billed to undersigned.  Lot 49 Grave 5 Row Section Division/Block / 2 Grave space & Care Fund 985  Additional spaces and care fund 985  Burlal Container 2096  Handling Feee JAN - 2 2003 160  Flower vases - Marker setting fee MOUNT HOPE CEMETERY 500  Sales taxes 166  Pald receipt number 170 3 83  Balance due of the above named dece and this is your authority to make disposition of remains as above indicated. I certify and repretent this is your authority to make disposition and interment.  I hereby authorize the Interment in lot 1 hold under deed.  Seguetars of recorded sotter of deed 500  Seguetars of recorded sotter	7 10-		Date_/	-B-04
of Shakket Ricky 2/ctt anakaskers 335 in a Funeral, date, timis Res. Jan 6, showing the special container (Church, Chapel, Graveside)  All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 6 c. will be applied and billed to undereigned.  Lot 49 Grave 5 Row Section 5 Division/Block 62 Grave space & Care Fund 985 Additional spaces and this is your authority to make disposition of remains as above indicated. I certify and report that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  I hereby authorize the Interment in lot 1 hold under deed.  Signature of recorded liability of dead.		X.		
Church, Chapel, Graveside  All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 6 cc.  Will be applied and billed to undersigned.  Lot 49 Grave 5 Row Section 5 Division/Block 6  Grave space & Care Fund 985  Additional spaces and care fund Copening/Cloeing & Setup.  Burial Container 300  Handling Fees 1AN - 2 2003 160  Flower vases - Marker setting fee 160  Recording and filing fee 160  Balance due 161  Ingreby certify I am the 2 and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of mounted tother of deed.	You are hereby authorized and i	hatructed, subject to	your rules and regulation	s, to inter the rema
Church, Chapel, Graveside  All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 6 cc.  Will be applied and billed to undersigned.  Lot 49 Grave 5 Row Section 5 Division/Block 6  Grave space & Care Fund 985  Additional spaces and care fund Copening/Cloeing & Setup.  Burial Container 300  Handling Fees 1AN - 2 2003 160  Flower vases - Marker setting fee 160  Recording and filing fee 160  Balance due 161  Ingreby certify I am the 2 and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of mounted tother of deed.	a Sharket Ku	Ky Watt	inakadien	7227356
Church, Chapel, Graveside  All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	in a Liner	Funeral,	date, time to as	an 6, 2
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$4.4 will be applied and billed to undersigned.  Lot 49 Grave 5 Row Section 2 Division/Block /2  Grave space & Care Fund 985  Additional spaces and care fund 0 part 10 part 1			: Beshoe	) Mortus
Los 49 Grave 5 Row Section Division/Block /2  Grave space & Care Fund 985  Additional spaces and care fund Depring/Closing & Setup 965  Burial Container JAN - 2 2003 /605  Flower vases - Marker setting fee MOUNT HOPE CEMETERY  Recording and filing fee MOUNT HOPE CEMETERY  Sales taxes 6 /65  Paid receipt number 70 30 83 88 88 88 88 88 88 88 88 88 88 88 88		ore 3:30 n m of regul	ar work day or an extra c	41.6.11
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  MOUNT HOPE CEMETERY  Sales taxes  Flower values – Marker setting fee  Paid receipt number  Total Due  Balance due  of the above named dece and this is your authority to make disposition of remains as above indicated. I certify and repret that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  I hereby authorize the Interment in lot I hold under deed.			a work day or all product	
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  MOUNT HOPE CEMETERY  Sales taxes  Flower vases – Marker setting fee  Paid receipt number  Total Due.  Balance due  of the above named dece and this is your authority to make disposition of remains as above indicated. I certify and repret that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  I hereby authorize the interment in lot 1 hold under deed.  Signature of recorded hother or deed.	Mill on abbeat and directly one	seiduer		
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  MOUNT HOPE CEMETERY  Sales taxes  Flower vases – Marker setting fee  Paid receipt number  Total Due.  Balance due  of the above named dece and this is your authority to make disposition of remains as above indicated. I certify and repret that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  I hereby authorize the interment in lot 1 hold under deed.  Signature of recorded hother or deed.	. 40 ~ ~	12216		17
Additional spaces and care fund  Opening/Closing & Setup.  Burial Container  Handling Fees  Flower vases - Marker setting fee  Recording and filing fee  MOUNT HOPE CEMETERY  Sales taxes  Interest taxes  Int	Lot Grave	Row	Section Divi	sion/Block_76
Burial Container  Handling Fees  JAN - 2 2003  JAN - 2 2003  Flower vases - Marker setting fee  Recording and filing fee  MOUNT HOPE CEMETERY  Sales taxes  Flower vases - Marker setting fee  Recording and filing fee  MOUNT HOPE CEMETERY  Sales taxes  Flower vases - Marker setting fee  Flower vases - Marker setting fee  MOUNT HOPE CEMETERY  Sales taxes  Flower vases - Marker setting fee  Flower vases - Marker setting fee  MOUNT HOPE CEMETERY  Flower vases - Marker setting fee  Flower vases - Marker set	Grave space & Care Fund			785
Burial Container  Handling Fees  JAN - 2 2003  JAN - 2 2003  Flower vases - Marker setting fee  Recording and filing fee  MOUNT HOPE CEMETERY  Sales taxes  Flower vases - Marker setting fee  Recording and filing fee  MOUNT HOPE CEMETERY  Sales taxes  Flower vases - Marker setting fee  Flower vases - Marker setting fee  MOUNT HOPE CEMETERY  Sales taxes  Flower vases - Marker setting fee  Flower vases - Marker setting fee  MOUNT HOPE CEMETERY  Flower vases - Marker setting fee  Flower vases - Marker set	Additional spaces and care fund		<b>n</b>	<u> </u>
Burlal Container  Handling Fees  JAN - 2 2003  Flower vases - Marker setting fee  Recording and filing fee  MOUNT HOPE CEMETERY  Sales taxes  Total Due  Sales taxes  Paid receipt number  Total Due  Sales taxes  of the above named dece and this is your authority to make disposition of remains as above indicated. I certify and repretibility on account of said authorization and i agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed.		DAI	U	4/3.0
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Flower vases – Marker setting fee  Recording and filing fee  MOUNT HOPE CEMETERY  Sales taxes  For all parts of the above named decess and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemestery harmless any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed.		IAN - 2	2003	1604
Recording and filing fee MOUNT HOPE CEMETERT  Sales taxes  Paid receipt number  Total Due 1833  Balance due of the above named dece and this is your authority to make disposition of remains as above indicated. I certify and repretent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed.	Hendling Fees	······································		7000
Paid receipt number  Total Due	Flower vases - Marker setting f	OUNT HODE	CEMETERY	
Paid receipt number  Total Due	Recording and filing fee	MOUNT HOLE	<b>V</b>	200
I hereby certify I am the	Sales taxes	******************		16.0
I hereby certify I am the	1		Total Due	1833
I hereby certify I am the	LAV 144 61	Paid receipt	umber R-5705	2-1833
I hereby certify I am the	1, 1800	1 650 (650 )	10000105	2
and this is your authority to make disposition of remains as above indicated. I certify and repretent I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed.	V			7400
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless any liability on account of said authorization and interment.  I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed.	and this is your authority to mai	se disposition of rema	of the a	bove named deced I certify and repnés
I hereby authorize the interment in lot I hold under deed.  Signature  Address  Address  Address  Agentation	that I have the right to make this	authorization and I a	gree to hold Mt. Hope Co	emetery harmless fr
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2011-1-19220 Invoice#	a note	3	Septions	
10000 Invoice #	/ where			
	E 182	20 "	TVOICE #	
Work Order # Acct. #				

## MT HOPE CEMETERY [ 18220

#### GRAVE BLIND CHECK FORM

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

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	-		Cau	(m)	
	Winn	wilson	х	Novak	
		Colomon	Bradley	Binder	

			Cou	an		
	Winn	wilson	х	Novak		
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	eck Initia	- 110 S-20 NO			_ Date: .	-
		or: <u>5. M</u>				_
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Grav∌ La	aid out by	most !	an Fer	yum	0	
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Agreas	with Map:	Yes Yes	7 01	Vo S	1	

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

BEATION AND PERMIT FOR DISTOSTION OF HOMAN REMAIN

IA. NAME OF DECEDE	NT—FIRST (GIVEN)   1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Sharkret	Ricky	Wattanakasa	en	10/06/1976	12/30/2003	M
A. CITY OF DEATH  CHETTERO N	egro	58. COUNTY OF DEATH- ENTER STATE	OUTSIDE CALIF., X1CO	6. NAME, RELATIONSHIP, FULL OF INFORMANT Yesenia Valdez		P COD
Bishop Mor	odress of California—funeral director or Person actuary  is Street, Lemon Grove, CA 91	_iF	APPLICABLE	2606 Wardlow Av San Diego, CA 8A SIGNATURE OF APPLICANT—	92154	E SIGNED
ACKNOWLEDGMENT OF A	To the state of th	on stated herein is one of the d		mone	- 01/05	/2004
PERMIT AUTHORIZATION OF LOCAL REGISTRAR					ocal registrar issuin	G PERMIT
TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CALIFORNIA	IF DE		OF DISTRICT OF DISPOSITION- R IN ANOTHER DISTRICT IN CALIF		
DISPOSITION.	San Diego County Health Dept. Box 85222, San Diego, CA 9218					. 4
O. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CO	RONER'S USE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CR	OF CREMATED RÉMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSID		(Name and	Address)	
BURIAL	Mt. Hope Cemetery 3751 Market St., San Diego,	CA 92102	118. DATE BURIED	11C. SIGNATURE OF PEI	RSON IN CHARGE OF BI	URIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	Y	12B. DATE CREMAT	ED 12C SIGNATURE OF PER	RSONCIN CHARGE OF CRI	EMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY R	ECEIVING REMAINS	13B. DATE RECEIV	PED 13C SIGNATURE OF PER	rson in Charge of FA	CILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR CO REMAINS OR CREMATED REMAINS ARE TO BE SH		148. DATE SHIPPE	D 14C. ADDRESS AND SIG OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PEI CHARGE OF DISPO		NATED RE-

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



#### INDICTORY

### MT. HOPE CEMETERY INTERMENT ORDER

AT Need

City of San Disgo

T Nees		Date_ 1-3	5-04
You are hereby authorized and instruct	ed, subject to your rules Wattanak	and regulations, to	inter the remains
In a LINCO	Funeral, date, time	Juss Jan	6, 2.0
All Funeral care must arrive before 3:30	p.m. of regular work da	y or an extra charge	No. Assert
will be applied and billed to undersigne	d		
Lot 49 Grave 5 Roy	w Section _	Owner Division/	Mook 12
Greve space & Care Fund	,	************	985.00
Additional spaces and care fund	DAID		» <del></del>
Opening/Closing & Setup	PAIU		4/5.00
Buriel Container	JAN - 2 2003	······································	20900
Handling Feet			16000
Flower vases - Marker setting fee	NT HOPE CEME	TERY	
Recording and filing (se	AI HOLE CEIL		50,00
Sales taxes		***************************************	16.20
\$1	J	otal Due	18330
	Paid receipt number <	~5/03/	1833
0		Balance du	•
I hereby certify I am the	ization and I scree to hol	ve indicated, I cert	named decadent ify and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	= 415	a QUAPAL	PINE
Eignature of responded brigger of dead	- <u>SA</u>	N DIEGO	92117
aulitti	(8.58)	274-791	0
W 18220	Invoice #		

REA-104 (7-06)

This information is available in elternative formats upon request.

& Printed in repolic paper

# Atjud

#### MT. HOPE-CEMETERY

#### INTERMENT ORDER

City of San Diego

Date_1/5/04 AT

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n a	aine		Funeral, dat	e, time Fri	1/9 1.	30
church.	Type of Burtel C hapel, Gravesk	8-8-8-CO-CO-C		BASI	ED CA	Monual
ul Funera	l cars must arri	ve before <b>2000</b> ;	p.ng. of regular w	ork day or an	extra charge	篇 165-
		to undersigned.	VC //	Kiela	Crawy	11
a 80	Grave_	1 Row	Sec	S noite	_ Division/Bi	12
irevė spa	Ace & Care Fun	db				875
		re fund				
) garineq	Closing & Setup	1.,	PA	ID	***************	4/3
Buriel Co	nteiner	***************************************				209
landling	Fees		JAN 0.7	2004		160
lower ve	ses – Marker se	etting fee				-
tecording	and filling fee .	MOL	INT HOPE	CEMETE	RY	50
lales tax	<b>16</b>		***************************************	*****************		16.20
	01-07-	04 PO1:0	1	Total Du	e	1723.2
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# MT HOPE CEMETERY [-1827]

#### GRAVE BLIND CHECK FORM

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

		BOAkowa	C	Gudy	
	Eppers	or X	TREE		
		WATKINS			
	sk Initiated By: _			and the same of th	150
Interment D	Date: 1/9/04 Sect: 3_ E	. (4 	Γime: _ ζ	1:30 pg	
	out by: $\sqrt{3}$	U			ri <u>/</u>
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Agrees with	h Legal Card; C h Map; D Yes ck & Verified By	2	No D	1,3	rave
Blinc Chec	ck & Verified By	Mey.	min	A/Date:/	-8-04

E-18221

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	10. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
CLIFTON		JEROME	BRUNSON		097T9/T977	01/01/2008
LAS VEGAS	RU		6B. COUNTY OF DEATH	- 27	OF INFORMANT	. MAILING ADDRESS AND ZIP CODE RE-GRANDMOTHER
		A ELMERA DIRECTOR OF PE EBBREAL CHAPET AN DIEGO, CA 92	2116	F APPLICABLE	3629 GILMORE S SAN DIEGO, CA	T. 92113 ,
5000 EU WE	THE OWNER OF THE PARTY AND	COLOR I CO- CONTRACTOR COLOR CONTRACTOR CO	1 10-	20 (2020) 27	BA. SIGNATURE OF APPLICANT	Person taken permit 88. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT Section 10	acknowledge as applicant that the propo 0375 of the Health and Safety Code, and a	sed disposition stated herein is one of the ess authorized persuant to Section $7100$ of $6$	e Health and Safety Code.	1 ( Cant	01/08/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORS IN THIS PERMIT.	UED IN ACCORDANCE WITH P FORMA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC IO MIGHT OF DISPOSAL OUTSIDE OF CALL	SPED #12 00	98, DATE PERMIT )01/08/2 J.BENYA	2004;"	Local registrar issumd Permit
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF R	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA	SAN		OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CAL PECONDS—1.0.	
O. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR C	DRONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL	11A NAME AND A	DDRESS OF CALIFORNIA CE CEMETERY 3751 0, CA 92102	G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS  METERY  MARKET ST.			ERBON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CF	BEMATORY	128. DATE CREMATI	ED 12C. SIGNATURE OF P	BASON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B, DATE RECEIV	/EDI 13C. SIGNATURE OF P	ERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE 1		14B. DATE SHIPPE	D 14C. ADDRESS AND S OF PLACING WITH	IGNATURE OF PERSON IN CHARGE H THE CARRIER
SCATTERING AT SEA	16A. ADDRESS, NEA	AREST POINT ON SHORELINE.	OR OTHER DESCRIPTION SIZE.	15B. DATE OF	15C. SIGNATURE OF P	ERSON IN 150, LICENSE NUMBER

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

# Atrud

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1 5 04

You are hereby authorized and instructed, subj	ect to your rules and regulations, to inter the remains
VIII	meral, date, time 1 8 Thurs 11:00
Church, Chapel, Graveside	; SO Memorial Mortuery.
All Funeral cars must arrive before 3	regular work day or an extra charge of \$
Lot 20 Grave 8 Row	
Additional spaces and care fund  Opening/Closing & Setup	· · ·
Burial Container	(10 <del>3 3 ) (14</del>
Flower vases Marker selfant 0 5 2003	43.00
Recording and filling fee	· · · · · · · · · · · · · · · · · · ·
Sales taxesMOUNT HOPE CEME	Total Due 58-11 celpt number 51053 158-11
I hereby certify I am the Adamatic	Balance due  of the above named decadent fremains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmiess from
I hereby authorize the interment in lot I hold under deed. 18222	17/2 Cala Ct.
PATO PATO	CALLIA V SHO, CA 7/19/1 240 Code 1-1/19 421 6105
Work Order # E	Acct. #
This information	ing to available to attempt the formate upon assured

# MT HOPE CEMETERY E 1822

#### GRAVE BLIND CHECK FORM

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

-			Flenoid		Reyes	
	Sealy	Evans	х	ward		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ohan berlain			Oddson	
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			200			
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Blind C	heck & Ve	erified By:		S	Date:	(u-caire

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 94

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE				LAST (FAMILY)			2. DATE OF BIRTH	3. DATE (	OF DEATH	4. SEX	
00	MAMIE N. THOMAS				MYT7047 1509	M9127:	17/2003	F			
5/	CITY OF DEATH		\$0 (FAR)0	58.	COUNTY OF DEATH			RELATIONSHIP, FULL I	MAILING A	DDRESS AND	
	CRULA VI	NT-00/100			SAN DIEGO		VE	CHMANT THOMAS-DA	UGHTER	3	
7A	ZAA1 DIEG	O MENORYAL VERSITY AVI O, CA 92104	CHAPEL DIRECTOR O	OR PERSON ACTIN		LICENSE NUMBER PPLICABLE1575	CHI	12 OCALA CT. JLA VISTA, C ATURE OF APPLICANT—	A 9191	1	SIGNED
Ξ	ACKNOWLEDGEMENT OF		rowledge as applicant that the propos and Salaty Code, and was authorize			is.	> /2	sept tenn	7	01/07	12004
	PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVIS AND SAFETY CODE AND IS T IN SPECIFIED IN THIS PERMIT D RIGHT OF DISPOSAL OUTSIDE O	HE AUTHOR-	\$13.00	01/08/ J. LEMON	2004	9C SIGNATURE OF LOCA 2400500	L REGISTRA	A ISSUING PER	AMET .
A	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	F DEATH OCCURE	EGISTRAR OF DISTRICT 185222 30, CA 92186-			BESS OF REGISTRAR ( POSITION IS TO DOCUM		T OF DISPOSITION — R DISTRICT IN CALIFORNIA			
	B. CREMATION  B. CREMATION  C. DISPOSITION OF THAN IN A CEME  D. SCHENTIFIC USE	CREMATED REMAINS O	5,060,08	F. 0   G. 1   D. 1	TEMPORARY ENVAULTM DISINTERMENT SHIP IN TO CALIFORNIA TRANSIT TO OUTSIDE (		) ) ) ) )	I DISPOSITION PE	a) S		
	BURIAL	SAN DI	GO, CA 92102	2		1-8-04	/ -	Say	In	edu	
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNI	A CREMATORY		12B. DATE CREMA	ATED 12	C SIGNATURE OF NER	зби IN СН	ARGE OF CR	EMATION
ALL APPLICA	SCIENTIFIC USE	13A, NAME AND AL	DORESS OF CALIFORNI	A FACILITY RECE	EIVING REMAINS	138. DATE RECEIV	VED 13	C, SIGNATURE OF PER	SON IN CH	ARGE OF FAC	CILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING CREMATED REMAINS A			14B. DATE SHIPPE	ED 14	C. ADDRESS AND SIGN OF PLACING WITH TI		The second second second	CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHOR DIDENTIFY FINAL PLAC SEA, <u>ONLY</u> ENTER LATITI	E AND CA DISTRI	ICT OF DISPOSITION	158. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS		15D, LICENSE CREMATED RE POSER — IF A	MAINS DIS-
_						iğ	P	2			

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

# Atud

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date_1|5|64

	subject to your rules and regulations, to inter the rem
Ina 20- 13	Funeral, date, time \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Church, Chapel, Graveside App O	MOY : POTSHOP Mortu
	n. of regular work day or an extra charge of \$
PACE AND	. Of Indignal Work and of all and a secigio of #
will be applied and billed to undersigned	
17 . 7	Section Division/Block 1
Lot I Grave Z How	Section Division/Block
Grave space & Care Fund	
Additional spaces and care fund	DAID
Opening/Closing & Setup	PAID 939
Burial Container	Sea Drab 128-
Handling Fees	AND SECTION
C-200 AM	De VI
Flower vases - Marker setting fee	HOPE CEMETERY US
Recording and filing fee	90
Sales taxes	7.7
MATERIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE	Total Due
Paid	d receipt number U411 365
100 Jon 100 1350	Balance due
I hereby certify I am the X	of the above named dece
and this is your authority to make dispositio	on of remains as above indicated. I certify and repre-
any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery harmless to and interment.
CANCEL AND	4
I heraby authorize the interment in lot I hold under deed.	According to Head to A
	homen I halfel
Signature of recorded holder of deed	200 Z
12 -	x · O
twi-	Telephone
- 40007	Invoice # 392476
Work Order # E 18223	0000000

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

345

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		1C. LAST (FAM	LY)	2 DATE OF				
Jose Diaz Sand			Sanch	nchez 06/05/1958 rd 10/21/2003 M				
54	CITY OF DEATH		W		DEATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP OF INFORMANT	P, FULL MAILING ADDRESS AND ZIP CODE	
Go.	San Diego	41-2-18/12/5		ENTER STA	San Diego		County Medical Examine	
7.4	Bishop Mor	tuary	A—FUMERAL DIRECTOR OR Lemon Grove, (		TB, CALIF, UCENSE NUMBER —IF APPLICABLE  TD—1673	5555 Overla San Diego,	and Avenue, Bldg. 14	
_	ACKNOWLEDGMENT OF A	I leavely a	chrowledge as applicant that the pr	oposed disposition stated herem is o at was authorized sursuant to Section	ne of the dispositions authorized by		01/05/2004	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	NED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SP D MIGHT OF DISPOSAL OUTSIDE OF C	ECIFIED \$13.0	G. Mitch	ell	RE OF LOCAL REGISTRAR ISSUING PERMIT.	
1	ON REQUIRES A NEW IRMIT TO SHOW FINAL	San Diego (	GISTRAR OF DISTRICT OF D IN CAUPORNIA County Health San Diego, Ca	Dept. P.O.	9E ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			
10		OSITION(S) CHECK A		72100-3222		FC	OR CORONER'S USE ONLY	
	B. CREMATION		ARIS OTHER	F. DISINTERME		(Na	POSITION PENDING—REMAINS LOCATED AT me and Address)	
	BURIAL			Market Street	118, DATE BURN	ED 110. SIGNATURE	FOF PERSON IN CHARGE OF BURBAN	
APPLICABLE ITEMS	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA	CREMATORY	12B. DATE CREMA	TED 12C SIGNATURE	OF PERSON IN CHARGE OF CREMATION	
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA	FACILITY RECEIVING REM	AINS 13B, DATE RECE	IVED 19C. SIGNATURE	E OF PERSON IN CHARGE OF FACILITY	
TRANSIT  14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			E 148, DATE SHIPP		AND SIGNATURE OF PERSON IN CHARGE G WITH THE CARRIER			
ō	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	OR FICHENT TO IDENTIFY FINAL PLACE AND GA DISTRICT OF DISPOSITION SPOSITION OTHER					F DISPOSITION 150. EICENSE NUMBER OF CREMATED RE- MAINS DISPOSER I P APPLICABLE	

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

F18003 PAGE 81

### CERTIFICATION OF ABANDONMENT/DIRECTION TO INTER

REFERENCE: CASE OF	Jose	SANCHEZ	OS-2112 DECEASED
DATE OF DEATH:	10/21	20 03	
Tes	pital or Mercury Use Caly in this	an on property	**************
Signature of the undersigned of 7104.1, thirty (30) days have is or attempted to notify, the persentains of	speed from the time the on(s) responsible for	e Medical E	xaminer notified, inumment of the
jurisdiction of the Medical Exa failed, refused or neglected to i		y that the res	ponsible party has
Date://	Signature:		
ia :	Title:		
	ediest gasetteer Une Outy in this hi	**********************	************
The undersigned directs the In- manner provided by law for County policy, this shall be dis	the indigent dead. It		
Cremation as the next-of			ans of disposition
In addition, the undersigned expenses of the interment from Officer.	m the responsible par	rty to the In	digent Disposition
FUNERAL DIRECTOR ASSI	GNED: 513	SHOP 1	MORT
Date: 12 130 103	Signature: Robe Title: Autors	Aucor	penvisor
111111111111111111111111111111111111111	Me Administrator Um Coly in this		************
Public Administrator Case Nu	mber: <u>200406</u> 5	<u>53</u> Date	e: 12/31/03
County Indigent Disposition Officer Signature:	nho	110	

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

, 1141 E)11	MENT ONDER
	y of San Diego
Trust to Add nee	d Date 1-5-04
You are hereby authorized and instructed.	subject to your rules and regulations, to inter the remain
don Valler	2). Murray 227398 (
TK 11 14	CAL Inth 100
Type of Buriel Container	· Oriotal, Galle, Intile
Church, Chapel, Grandeldo	; tteath 477-4139 Mortuan
All Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	· n
Lot 20 Grave / Row_	Section 8 Division/Block 5
Grave space & Care Fund	COMEN -
Additional spaces and care fund 5A 7.	PATE BY VIST LO =
	JAN 0 5 2003 4/3.00
Burial Container	275.00
	IT HOPE CEMETERY 204.00
Flower vases - Marker setting fee	57) N
Recording and filing fee	٠٠/ ٢٠/
Sales taxes	21.21
FOX1-4130	Total Due
800 337-0331 Fac 208-437-1849 Pek	d receipt number <u>R 5.7055</u> 963.3
800 30 51 208 45	Balance due
I hereby certify I am the K	of the above named decade
and this is your authority to make disposition	on of remains as above indicated. I certify and represe on and I agree to hold Mt. Hope Cemetery harmless fro
any liability on account of said authorization	and interment.
I hersby authorize the interment in lot I	X_ sel circles ()
hold under deed.	x signature All
Signature of recorded holder of deed	X Address /
	PM - 337- 0231 200
Doubette	Telephone
hulle	
F 19994	Invoice #
Work Order # E 10224	Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

### MT HOPE CEMETERY [ 12004

#### GRAVE BLIND CHECK FORM

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

					V =	
	Kurask	geraty	X	Jompson	*	
8.7		Lofgen	148			3200
- Jan			110			
nterment	space for	а ву: <u>Га</u> : <u>Kat</u> (17/0	herin	ne J	Mu	ray
0iv: <u>5</u>	Sect:_	8 Blk	/Row:	Lot: \$		6r: <u>/</u>
Grave Laid	d out by:	Somo	n te	epuen	- /	
Agrees wit	th Legal (	Card: P	es (	ONC		
grees wil	th Map: (	Ves /	191	10 PM	15.0K	
Blind Che	ck & Ver	ified By:	Kayo	moli	∠ Date:	1-15-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 18224

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR				
			MURR	TURRAY 05/03/1920 01/13/2004 F				
			NA WA	AP BURGERALISM				
	DORESS OF CALIFORNIA h Funeral Ho		1	HF APPLICABLE	145 N	eadovlark I	ane	•
The state of the s		National City	y CA 91950	FD 807		TURE OF APPLICANT		DATE SIGNED
ACKNOWLEDGMENT OF A	the season   hereby acknow	whedge as applicant that the proposi-	d disposition stated herein is one of authorized pursuant to Section 7100 or		N.	Lews 120	ath 101/	16/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFOR AND IS THE AUTHORITY F IN THIS PERMIT.	IN ACCORDANCE WITH PRINT HEALTH AND SAFETY OF CORTHE DISPOSITION SPECIFICATION OF DISPOSAL DUTSEE OF CRUETOR	\$13.00	01/16/2		Nancy- A		
UNY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	9D. ADDRESS OF REGIS IF DEATH OCCURRED II	STRAR OF DISTRICT OF D N CALIFORNIA		DORESS OF REGISTRAF F DISPOSITION IS TO OCC 85222, San	UR IN ANOT	HER DISTRICT IN CAUFO		
O. AUTHORIZED DISPO	OSITION(S) CHECK APPL	ACABLE TTEMS			- 3	FOR COR	ONER'S USE OF	KLY -
B. CREMATION		S OTHER	E. TEMPORARY EN	*		(Name and A	PENDING—REMAINS ddress) /	S LOCATED A
BURIAL		ess of California Centery, San	Diego CA 92102	118 DATE BURN	4 110.	SIGNATURE OF PER	SON IN CHARGE OF	BURIAL
CREMATION	12A. NAME AND ADDR	ress of California Cré	MATORY	12B. DATE CREMA	TED 12C	SIGNATURE OF PER	SON IN CHARGE OF	GREMATION
SCIENTIFIC USE	1SA. NAME AND ADDR	RESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	138, DATE RECE	IVED 13C.	SIGNATURE OF PER	SON IN CHARGE OF	FACILITY
TRANSIT		RESS IN RECEIVING STATE EMATED REMAINS ARE TO		14B. DATE SHIPP	ED 14C.	ADDRESS AND SIGN OF PLACING WITH T		IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		ST POINT ON SHORELINE, O IFY FINAL PLACE AND CA ()	R OTHER DESCRIPTION SUF- ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	ITION OF C	RSE NUMBER REMATED RE- IS DISPOSER APPLICABLE

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



10:04

01/21/2004

NO.123

SD MT. HOPE CEMENTERY + 912084371049

MT. HOPE GENETERY INTERMENT ORDER

pre-need	City of Sen Diago	
'boust to Ac	laneea	Des 1-5-04
	other we 2. Mu	and regulations, to your the representation
and the same of th	Lt Funeral, data den	Sith hu 17th 10°C
Onurch, Chapel Grahaddo	- Pureriu, della, della	tanth 477-4189 wanter
1	outors 3:30 p.m. of require work di	
will be applied and billed to (		
La 20 Grave	Row Beatlers	8 Ontsion Regula 5
Grave space & Care Fund	<b>DAM</b>	
Additional spaces and care t	JA7. 19	b ay ref to
Opening/Closing & Setup	JAN 05 200	
Burial Container		275,00
Hercling Fees	MOUNT HOPE CE	ACTERY 204.00
Fitage vanne - Marker pettir	g 100	52.00
Pleaseding and filing las		91.31
120	······································	763 31
2 47 7 0331	Paid Nosite number	R- 5705 963.31
800 337-0331		Belanci due
I hereby correlly I am the Po	son	of the strong named decadest
and this is your authority to rease!	nales disposition of nameins as ab his authorization and I agree to he	ove indicated. I certify and represent
4-9 withing on accions of the	d authorization and hasnings.	in divite
i herapy suthorize the imarm hald under deed.	entinist! X Albrida	readowlark &n
	V 7737	own, 10 83822
	Pan	337-033/
Paulette	Las 208	437-1049
Low - 10	E Looks a	
- F 18	224	

* Katherene J. Murray

# Atud

REA-104 (7-96)

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Dete 1 5/04

	subject to your rules and regulations, to inter the remains
or Laniel	Brus 210072
Type of Burtal Container	Funeral, date, time Muls. 18100
Church, Chapel, Graveside	:Jensen - Corport Mothumy.
All Funeral cars must arrive before 9:90 p.	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
	Section K Division/Block MAS
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	PAID 275-
Handling Fees	204-
Flower vases - Marker setting fee	JAN 0 6 2004
Recogning and filing fee	
Sales taxes	MOUNT HOPE CEMETERS 21.31
	Total Due
Pe	id receipt number MC G63-31
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make dispositi	on of remains as above indicated. I certify and represent
I hereby authorize the interment in lot I hold under deed.	Signature Communication of the
Down	Ofty 25 Code X Tataphone
- 10005	Invoice #
Work Order # E 18225	Acct. #

O Printed on recycled poper

This information is available in alternative formats upon request-

3403

## MT HOPE CEMETERY (-1800)

#### GRAVE BLIND CHECK FORM

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

are purie	ar space.				
		Stanley	meek		
	Karzent	Muser	x	< wet	Hamilton
Intermer	nt space t	for: <u>Fun</u>	nei	JOHES	late: 18
	CORP.	-		Fime: 1	00 2 Gr6
		y: Norma		_ /	<u> </u>
1300	Re	: Yes	7/1	Vo Al	0905 ans

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

=	NAME OF DECEME	THE THET WAS TO	1B. MIDDLE	MARE NO ENASURES, WI	III EOO IS ON OTHE		TO OF DEATH. I A OFF
3/	NAME OF DECEDE	NI-FIHSI (GIVEN)	ALLED	1C. LAST (FAMILY)			TE OF DEATH 4. SEX
5A. CITY OF DEATH  7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OF CALIFORNIA - FUNE		A - FUNERAL DIRECTOR OR PER	5B. COUNTY OF DEATH ENTER STATE SON ACTING AS SUCH: 7B. CALIF.	RDIDIO	NAME, RELATIONSHIP, FULL MAILING OF INFORMANT  DASHA PAUSE  10923 STREET REE  ALLER CA	S ADDRESS AND ZIP CODE	
	222 - 11' S	TREET, MEET		TD tion stated herein is one of the dispositions au		SIGNATURE OF APPLICANT—Person lake	
-	PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	and Safety Code, and was authorized pursuant I ACCORDANCE WITH PROVISIONS O AND SAFETY CODE AND IS THE AUTH IN SPECIFIED IN THIS PERMIT. I MIGHT OF DISPOSAL OUTSIDE OF CALIFO I MIGHT OF DISPOSAL OUTSIDE OF CALIFO	IOR-	98. DATE PERMIT ISSU K. BRUSAL 01/02/2004	UED 9C SIGNATURE OF LOCAL REGIS	
	LOCAL REGISTRAR  NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF RE IF DEATH OCCURR 351 MT VI	GISTRAR OF DISTRICT OF DE	ATH — 9E. ADDR	ESS OF REGISTRAR OF D	DISTRICT OF DISPOSITION — NOTHER DISTRICT IN CALIFORNIA	
	A. BURIAL (INCLUDE B. CREMATION	CREMATED REMAINS O		E. TEMPORARY ENVAULTM F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE C		I. DISPOSITION PENDING (Name and Address)	TO STANK A STANK STANK A STANK
10	BURIAL	MI. BOFE	CEMETERY  T STRUCT, SAN DI		118. DATE BURIED	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
BLE ITEMS	CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS  14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			12B. DATE CREMATE	D 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
ALL APPLICABLE	SCIENTIFIC USE				13B. DATE RECEIVED	<b>•</b>	
COMPLETE	TRANSIT				14B, DATE SHIPPED		
	SCATTERING/BURNAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, DIDENTIFY FINAL PLACE AND EA, <u>ONLY</u> ENTER LATITUDE AN	CA DISTRICT OF DISPOSITION	15B, DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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 Sen Diego

- 15/04

To Vault	ones mula valor
Type of Burnet Christians	Furneral done, three Thills. 18100
Church, Chapel, Covados	Jensen-Corporting
If Funeral care must entre before-9:00% m.	of regular work day or an extra charge of \$
will be applied and billed to undersighted.	
or 32 grave 6 Row_	Section K_ Division/Black MAS
Sreve apace & Care Fund	<u> </u>
dditional epaces and care tund	
pening/Closing & Setup	4/3_
urial Container	<u> 275 – </u>
landing Fees	<u> 264 – </u>
lower vases - Marker setting fee	
accruling and filing fee	50-
ales taxes	21.31
	Total Due
Paid	receipt number MC GG3-31
	Balance due 👄
hereby garaty I am the X SON	of the above named decedent
nd this is your authority to make dismostica	n of remains as above indicated. I certify and represent in and I agree to hold left. Hope Cometery hermises from
hereby authorize the intempent in lot I	Some Cet Your
old under deed.	x 3264 Holly Way
Vis Way 5	KChule Vista CA 98
derror of proceedings and the second	1619-422-1986 30 Com
	Temprone
	Involce #
Vark Order # E 18225	Acc. #
	ation le evallable in alternative formats upon request.
EA-104 (7-84) This intern	RAT 711-7
EA-104 (7-96) This inform	

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1/6/04

	bject to your rules and regulations, to inter the remains
a tred Herzbero	
ine ask yoult	uneral, date, time Schurday 17th 11:0044
Church, Chapel, Graveside 100 f	cople; 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 669 Grave Row	Section Division/Block 8
Grave space & Care Fund	1555
Additional spaces and care fund Set - Of	revtime Mc 231-
Opening/Closing & Setup	PALL C > 1/6
Burial Container Q.S.N. V	aut (10p) 6
Handling Fees	JAN 0.7. 2004 66
Flower vases - Marker setting fee	
Recording and filing fee	THOPE CEMETERY 50
Sales taxes	4.73
	Total Due 2,063, 19 832 73
No -1/ 10 // Pajd	receipt number MC 1,837-73
Donalda M. Herzbe	Balance due
I hereby certify I am the Wife	of the above named decadent
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certify and represent
any liability on account of said authorization a	and interment.
I hereby authorize the interment in lot I	See cillacted
hold under deed.	5407 East Willowick Cir.
Standard of recorded holder of dead	Ancheum CA 901807
	714-921-9272 20 Cook
1000	Telephone
Nancy	Involce #
Work Order # E 18226	Acct. #
4	

#### MT HOPE CEMETERY

16026

#### GRAVE BLIND CHECK FORM

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

	Mudro	Erisman	x			1.0V
	1010	0 , 50	Х			Z
	AC BAC	Letta				
Interine Interine	ent space f	ited By:	Herzi 	berg ime://.	00 6	1/7/04 raveside
Div:_	Sect	2 Blk	/Row:	Lot:6	69 G	r:
Grave l	Laid out by	1: DAVIA	ON.			
Agrees	with Lega	Il Card: SX	∕es □	No A	and the	ye 1
Agrees	with Map	Yes		· */	'm',	U,
Blinc C	Check & V	erified By:	CW	wen	Date:	1-14-64

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECED	ENT-FIRST (GIVEN)	18. MIDDLE	1C, LAST (FAMILY)		2 DATE OF BIRTH MONTH, DAY, YEA		4. SEX
FRED			HERZBERG		01/06/193	3   01/05/2004   1	MALE
HEIM	ADDRESS OF CALLEORN	IA - FUNERAL DIRECTOR OF PERSON A	ORANGE		DONELDA HERZ		IP CODE
NEPTUNE SO	CIETY		- IF AI	PPLICABLE	AMABETM CA	OWICK CIRCLE 92807	
17 O S VI MER S CONTROL O S	Treamer and	MESA, CA. 92627	- AU 75 C	1305	8A, SIGNATURE OF APPLICA	NT—Person bitroppermi BB. DATE SI	IGNED
ACKNOWLEDGEMENT OF	APPLICANT of the Health	and Safety Code, and was authorized pursuant to Sec	oon 7100 of the Health and Salety Co.	le.	- COUNT	01/06	
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	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. HOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		\$13.00	01/07/20	6982 G	HORTON M.D.	m
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	of Angle Co	EGISTRAR OF DISTRICT OF DEATH THEATTH DEPT. 234 SANTA ANA, CA.	SAN	DIEGO HEA	OF DISPOSITION— THE ANOTHER DISTRICT IN CALIFOR LITH DEPT.  2 SAN DIEGO, CA	NA	
10. AUTHORIZED DISPO	DSITION(S) CHECK APPLIC	ABLE ITEMS	VEN CONTRACTOR	310	FOR	CORONOR'S USE ONLY	
A. BURIAL (INCLUD	F CREMATED REMAINS (	DTHER	E TEMPORARY ENVAULTS  F DISINTERMENT  G. SHIP IN TO CALIFORNIA  D. TRANSIT TO OUTSIDE O		I. DISPOSITIO (Name and Ad	N PENDING — REMAINS LOCATED (Great)	TAL
BURIAL	MT. HOPE (	DRESS OF CALIFORNIA CEMETERS CEMETERY CT SAN DIEGO, CA.	92102	118. DATE BURIEL		PERSON IN CHARGE OF BURIA	AL
CREMATION	MACERA CRI 1020 N. FU	THE STATE OF THE S		1-9-0	TED 12C SIGNATURE OF F	PERSON CHARGE OF CREM	MATION
CREMATION  CREMATION	13A. NAME AND AC	DDRESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	138. DATE RECEIV	ED 13C SIGNATURE OF F	PERSON IN CHARGE OF FACIL	YTL
TRANSIT		DRESS IN RECEIVING STATE OF C CREMATED REMAINS ARE TO BE S		148, DATE SHIPPE	D 14C ADDRESS AND S OF PLACING WIT	IGNATURE OF PERSON IN CH H THE CARRIER	IARGE
SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	SUFFICIENT TO	AREST POINT ON SHORELINE, OR C DIDENTIFY FINAL PLACE AND CA DI EA, <u>ONLY</u> ENTER LATITUDE AND LO	STRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF E CHARGE OF DIS		AINS DIS-
FOR COMPLET	ING AND FORWARD	ANIES THE REMAINS TO THE ST DING THE PERMIT WITHIN 10 DAY POINT WHERE THE CREMATED IE YEAR FROM ISSUE DATE.	YS OF DISPOSITION TO	THE REGISTRAP	OF THE DISTRICT IN WHI	CH DISPOSITION OCCURA	ED

COPY 1

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

VS9 (REV. 3/03)

002

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diago

ou are hereby euthorized and instructed, subject to your rules and regulations	, to injur the remains
tred Herzher &	IN ILIAN
= ash yout funeral are some Schools	41 11 11 000 a
murch, Chapek Graveside 100 fixophe :	Mortunery.
f Funeral care must emba before 2:30 p.m. of regular work day or an exera ch	erge of \$
El be applied and billed to undereigned.	
7/4 2	d
or Db   Gresse Row Section Divisi	antilock 8
rave staco & Care Fund	1535-
detiliand spaces and core tund . Set - OVEV FINE BY	231-
Contraction & Solar PAIL	<u> 7/P</u>
utol complete ash you HEEP	61
JAN 6.7-2004	dda
lower vesse - Marker setting (se	W
Secretary and Hing Ico MOUNT HOPE CENETERY	50
	4.23
Total Days 2, 0	03.71-833-72h
	1.832-73
Donalda M. Herzberg municipal me	7331.60
thereby certify I am the of the ab and this is your authority to malls disposition of remains as above indicated. I there i have the right to make this authorization and I agree to hold Mr. Hope Car	cartily and tableseur
net I have the right to mess this authorization and I agree to thold Mr. Propo Cos my liability on account of said authorization and informant,	2 il
Conclete III.	HIMBURA
hereby authorize the interment in lot I have the first I.	1. Hotek Ch.
Conclass Homony Fachers Co	4 92/807
D21-021-02	7.2
114-423-72	1=
Mancy	
F 18225 Invalor	190
North Order & E 10 2 2 Acct. #	Comment of the second

& irripant on respected proper





Providing Solutions For Your
Complex Earth Science Problems,
Anywhere in the World

### EXPERT CONSULTATION AND SERVICES IN:

- FAULT & FAULT
- NATURAL HAZARDS
- LAND USE PLANNING & FEASIBILITY STUDIES
- ENVIRONMENTAL STUDIES
- GEOARCHAEOLOGY
- GIS-BASED HAZARD ANALYSIS
- HYDROGEOLOGY &
   HYDROLOGY
- CONSTRUCTION
  GRADING & SITE PLANNING

#### Corporate Office

150 El Camino Real Suite 212 Tustin, CA 92780 Office: (714) 544-5321 Fax: (714) 544-5553

#### Field Offices

Wherever you need us to go .....

Eav	Tran	smitt	AL E	arm
rax	Hai	SIIIII	di F	UIIII

TO: Wancy T

DATE: 1/7/04

COMPANY:

FROM: Maria

Herzberg

FAX: (619) 527 3403

RE:

TOTAL PAGES (including cover): 7

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

MESSAGE:

From

Donelda M. Herzberg

### MY. HOPE CEMETERY INTERMENT ORDER

City of San Diego

sin	ony or our owner	Date_1-6-2004
		DISIMTER
You are hereby authorized and in	structed, subject to your rules	and regulations, to leter the remains
a ANNA KO	1713214	291000
in a	Funeral, date, time	HET TUES. Jan 13th
Church, Chapel, Graveside		DAN DIEGO CLENATHORWAY.
All Funeral cars must arrive before	s 3:30 p.m. of regular work da	y or an extra charge of \$
will be applied and billed to under	signed	
Lot 13/01 Grave 1	_ Row Section _	+ Division/Block 9
Grave space & Care Fund		
Additional spaces and care fund	·····	
Opening/Closing & Setup	SINTSEMENT I	XFANT) 440,
Burial Container	\	
Handling Fees	PAID	
Flower vases - Marker setting fee	AN 6 8 2004	
Recording and filing fee	Mil o o cool	
Sales taxes	HOPE CEMETERY	1 1,,, &
		ota) Due
129925	Paid receipt number	1/400
(49) 292 2815		Balance due
I hereby certify I am the		of the above named decedent
and this is your authority to make	uthorization and I agree to ho	ove indicated. I certify and represent id Mt. Hope Cemetery harmless from 227386
i hereby authorize the interment in	Mart Young	CHAI KO
hold under deed.	1067Z	TIPPERARY WAY
- Grand	Z Addison	DIEGO, CA 92131
Suprement of recorded holder of deed	( 828 ) Talkenne	566-6936 Zo Code
- 100	O 7 Invoice #_	
Work Order # E 1822	Z / Acct. #	





### MT HOPE CEMETERY [ 1822

#### GRAVE BLIND CHECK FORM

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

	-	Franklin			+	=-5
		1 Inc.			-	
Boin		Х	5 <u>8.</u>		_	
	BHOOK		Jelus	~		
htmateuphous merment space	itiated By: Ku	na Ko			<u>l-13</u>	-6
henatephae	e for: Ann	na Ko			<u>l-13</u>	
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pendepane is interned is interned attended bate oiv:s	ect:1 BI	1 <u>а. Ко</u> <u>4</u> т к/Row:	ime:l	. DO		
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Dierment space is in ter men nterment bate Div: so Grave Laid ou	ce for: Ant M 1   13   0 ect: 1   BI t by: 1   Draw	Na KO 4 T KIROW: _	ime: 1	. DO		- X
ortenatepane insinterne interment bate	ect: 1 3 0  by: 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Y T WROW: Yes [	ime: 1 Lot: . No	. DO		- X





#### THE CITY OF SAN DIEGO

#### LETTER OF APPROVAL FOR DISINTERMENT OF (ANNA KO)

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of (Anna Ko) 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 (Anna Ko) is identified as:

Lot	Grave	Section	Division
1361	1	1	9

We acknowledge that we have been advised that the remains of (Anna Ko) may not be present and/or intact.

Young-Chai Ko	Father
Hacyoung Jee	<u>Mother</u>
SIGNATURE(S)	RELATION TO DECEASED
Day Snielie	<u>- 8</u>



Mt. Hope Cemetery

# At Need

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

		101
11	218015	RS
	structed, subject to your rules and regulations, to	Inter the remains
or Gerga In	arta Schmitz Fero	4/04 1.30
in a	Funeral, date, time	HOY TOO
Church, Chapel, Graveside	elivery :	Mortuary.
All Funeral cars must arrive before	e 3:30 p.m. of regular work day or an extra charg	je of \$
will be applied and billed to under	signed	
Lot 19 Grave C	_ Row Section MAS Division	/Block_L_
Grave space & Care Fund	***************************************	1,755
Additional spaces and care fund .		
Opening/Closing & Setup	The property of the state of th	413
Burial Container		209
Handling Fees	JAN 0 6 2004	160
Flower vases - Marker setting fee	I	
Recording and filing fee	MOUNT HOPE CEMETERY	
Sales taxes		16.20
	O Total Due	2103.20
ON VEGETO 0.229 167.	Paid receipt number 5706	2603.20
Leslie Angela	(Schmitz) Prunctaminos d	ue _ <b>4</b>
I hereby cartify I am the (V)	uanter of the above	named decedent
and this is your authority to make this a	disposition of remains as above indicated. I cer authorization and I agree to hold Mt. Hope Cemet	ery harmless from
any flability on account of said au 01-06-04P01		611
I hereby authorize the interment is hold under deed.	n lot I signature	mora_
	P.O. Box 47	00010
dignature of recorded holder of dead	Columbia	95310
10 ml	209 - 533 - 14 Telephone	65
Mancy M	- CHOOSE ACT	
11822	8 Invoice #	
Work Order # = 1022	Acct. #	- 0x 1/

## MT HOPE CEMETERY [1800 8

#### GRAVE BLIND CHECK FORM

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

	William	n <del>k</del>	Defect to	1136	, 4
		х	Shell	Parie	" byent
		-	-		L Sp
Blind Check Ir	nitiated By:	bucy-	Timack	Date:	1/4/04
	ce for: <u>6 CV</u>				
	ect: MAS B	U	Lot:	19	Gr: <u>C</u>
	t by: <u>Normal</u> egal Card: Æ		ONO L	\	
Agrees with M	ap: 27 Yes	σ	No		

Blind Check & Verified By: Mandaman Date:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		USE BLACK INK ONLY - MAI	KE NO ERASURES, W	HITEOUTS OR C	THER ALT	ERATIONS			
A. NAME OF DECEDENT—FIRST (GIVEN)  GERDA		1B. MIDDLE MARIA	1C. LAST (FAMILY) SCHMITZ			2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX	
SAN DIEGO		A FUNERAL DIRECTOR OF PERSON. 4266 HT. AREAEAT SAN DIEGO, CA 92	ACTING AS SUCH 78 CALL	ME DIEGO	PO BO	ORMANT E PRUNETTI- DX 47 (BIA, CA/ 9)	MAILING ADDRESS AND -DAUGHEER		
ACKNOWLEDGEMENT OF A	PPLICANT I hereby active of the Health a	owledge as applicant that the proposed disposition sta and Safety Code, and was authorized pursuant to So	sted herein is one of the dispositions a ston 7100 of the Health and Safety Co	uthorized by Section 103055 ide.	<b>▶</b> (<	n2	01/	08/200	
renami	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	2004	2400613	IL REGISTRAR ISSUING PE	RMIT	
	P.O. BOX 8			RESS OF REGISTRAR SPOSITION IS TO OCCUI		OF DISPOSITION — DISTRICT IN CALIFORNIA			
C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	11A NAME AND AD MT HOPE C	DRESS OF CALIFORNIA CEMETER EMETERY 3751 MARKI		Barren i i i i i i i i i i i i i i i i i i i	D 11C	SIGNATURE OF PER	SON IN CHARGE OF BU	y lat	
CREMATION		, CA. 92102 DRESS OF CALIFORNIA CREMATO	DRY	7 - 7 -O	ATED 12C	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECE	IVED 13C	13C. SIGNATURE OF PERSON IN CHARGE OF FACI			
TRANSIT	14A. NAME AND AD REMAINS OR (	14B, DATE SHIPP	PEO 14C	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAID EA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSITIO	158. DATE OF N. DISPOSITIO		15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION  15D, LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE			

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

#### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

12000	1000
AT	2

Date 1-6.04

a <u>Dedra Jone</u>	and the second second second second		ALCOHOLD STATE OF STREET	nter the remains
	USE CO.	-		1: - Cth
in a CUPEY Type of Bartel Container	Funeral, date, ti		idayu	AND THE RESERVE TO SERVE THE PARTY OF THE PA
Church Chapel, Graveside	;	CA		Montuary.
All Funeral cars must arrive before 3:30 p.m.	. of regular work	day or an	extra charge	agette
VI. 150 1		2000		
Lot 5 Grave 9 Row_			68 m	Hock 12
Grave space & Care Fund				985.00
Additional spaces and care fund				
Opening/Closing & Setup		A		413.00
Opening/Closing & Setup	DAI	U		413.00
Jandillan Enge				
Handling Fees	8 0 MA.	2004		
-lower vases - Marker setting ree	Jan	•••••	OV	50.00
Recording and filing fee	- 408	CEM	TED.	11.20
Recording and filling fee	MITTIN			16.20
50 <b>-</b> 7000		Total Du	e	1833.00
Paid	receipt number	R-5	1062	18 33 00
01-06-04P01:48	PAID		Balance due	<u></u>
01-06-04P01; 48 I hereby certify I am the mandma and this is your authority to make disposition	ther		f the above i	named decedent
and this is your authority to make disposition that I have the right to make this authorization	n of remains as	above Indi	cated. I certi	fy and represent
any liability on account of said authorization	and interment.	Tamort desired	-/	
hereby authorize the Interment in lot I	in	mmi	e Hin	board
hold under deed.	× 505	4 We	TOVER	PL.
	SAN	Lien		97102
Signature of recorded holder of deed	CHE	100	2/27	93102 979 2000
Paulette 18229	1 Telephone	19=	462-5	7./7
1000	Invoice f	8		
F 18229				

O Printed on require paper

#### MT HOPE CEMETERY

E18209

#### GRAVE BLIND CHECK FORM

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

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Lee Le
THE SILA
ALLSO

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•	Sources .	7	HE EULA Allow		
	D				
Interment space	itiated By: <u>Pa</u> e for: <u>De</u> d	tra J	ones		<u>- 7-0</u>
	1-9-04			7080	
	ect:_/Blk/	0		15 G	ir: <u> </u>
	by: Alorman		7		-
	gal Card; DY		No F	=lag	grave
Agrees with Ma	ap: PYes	20 No	0 1		grave.

Blind Check & Verified By

E-18229

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

DEDRA	NT-FIRST (GIVEN)	IB. MIDDLE YVETTE	IC. LAST (FAMILY	0	Já	DATE OF BIRTH	3. DATE O	72003 F
SAN DIEGO			SB. COUNTY OF D	EATH—OUTSIDE CALIF LEGO	GLADY:	S RICHARDSO	N-MOTH	II. AND THE STATE OF THE STATE
		SAN DIEGO, CA 92	115	CALIF. LICENSE NUMBER —IF APPLICABLE  FD—1357	SAN D	WESTOVER PL LEGO, CA 92	102	88. DATE SIGNED
ACKNOWLEDGMENT OF A		knowledge as applicant that the proposed dispose 26 of the Health and Safety Code, and was authoric	Alon stated herein is one of	the dispositions authorized by	<b>&gt;</b>	TORE OF AFFEIGNATION	(	01/06/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUI SIONS OF THE CALIFO AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- PRIMA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED WINT OF DISPOSAL OUTSIDE OF CALFORNIA.			004	C. SIGNATURE OF LO 2400411	CAL REGIST	TRAR ISSUMIG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL WELL	GISTRAR OF DISTRICT OF DEATH RDS-F.O. BOX 8522 CA 92186-5222	10 PM 70	ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC —			RNIA	_
10. AUTHORIZED DISP	OSITION(S) CHECK AP	PLICABLE ITEMS				FOR COR	ONER'S L	ISE ONLY
B. CREMATION		INS OTHER	E. TEMPORARY E  F. DISINTERMENT  G. SHIP IN TO CA  H. TRANSIT TO C	1)		I. DISPOSITION  Name and A		REMAINS LOCATED AT
BURIAL	MT. HOPE C	CA 92102	ĚT ST.	1-9-0	ED   11G.	SIGNATORIS OF PER	SON IN CHA	ARGE OF BURIAL
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	RY	128. DATE CREMA	TED 12C.	SIGNATURE OF ACR	SON IN CHA	RGE OF CREMATION
SOIENTIFIC	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAIN	S 13B. DATE RECE	IVED 13C.	SIGNATURE OF PER	SON IN CHA	ARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR O REMATED REMAINS ARE TO BE S		14B, DATE SHIPF		ADDRESS AND SIGN OF PLACING WITH T		PERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		iest point on shoreline, or oth httpy final place and ca <u>distric</u>		F- 15B DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		ISD. 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

REA-104 (7-98)

, leed	Only	OI GOTI DIOÑO	79.0	
At-Need			Date_/-	6-04
You are hereby authorized	d and instructed, se	ubject to your rules s	and regulations	, to inter the remains
a_ ma	reelo	Cengolie	N 22	7362
ina_diner	2	Funeral, date, time	Thurs	Dage 8 11:00
Church, Chapel Gravesid	5	; <u>C</u>	A Burr	aL Mortuary.
All Funeral cars must arriv	ve before 3:30 p.m	. of regular work day	or an extra ch	arge of \$
will be applied and billed i	to undersigned		- 8	
Lot 128 Grave_	1 Row	Section	Z Divisi	on/Block
Grave space & Care Fund	d	•••••		985.00
Additional spaces and car	re fund	AAID		
Opening/Closing & Setup	·····	PAIU		413.00
Burlal Container		E'EF B 'S 'YMPI	יאירי דיני עריי	8 209.00
Handing rees	***************************************	A	25	160.00
Flower vases - Marker se	atting top	HOPE CEME	TEDY	
Recording and filing fee	MOUNI	HUPE CEIVIE	IENI	50,00
Sales taxes	*******************************			16.20
01.04	. 04007.40	nun To	dal Due	1833.20
01-00	5-04P03:42 Paid	receipt number	2-5706	1833
	0	844	Balano	e due
I hereby certify I am the_	Dare	ghter	of the ab	ove named decedent
and this is your authority that I have the right to ma	to make disposition ske this authorization	n'of remains as abo in and I agree to hole	ve indicated. I I Mt. Hope Cer	certify and represent netery harmless from
any liability on account of	said authorization	and intermedi:	1	olals.
I hereby authorize the inte	erment in lot I	x Ilm	100	T C
hold under deed.		1125	D. Bra	adway Apt 107
Signature of recorded holder of deed		< Esco	ndido C	A. 92004
Paulate		Telephone	-8558	603
	8230	Invoice # Acct. #		
REA-104 (7-98)	This inform	nation is available li	alternative to	rmats upon request.

## MT HOPE CEMETERY 18230

#### GRAVE BLIND CHECK FORM

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

		16			
•	Johnson	Blademo	Cutier	-	5-av2
Blind Check In	itiated By: e for:	celo (	Unaelo	Date:	
nterment Date	: 1-8-0	1 <u>4</u> C	rime: 11	.00 (	
Div:L& Se		~			Gr:
Grave Laid out	by: Norma	m to	- w	~	
Agrees with Le	gal Card: 🖎	Yes [	ON C		
Agrees with Ma	ap: 1 Yes	0	No .		

Blind Check & Verified By

Decesia Date: 1.7.04

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	The Control of the Co	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
-	Marcelo	Gulapa	Angeles	-	01/16/1927 01/02/2004 I
5/	San Marcos		SE COUNTY OF DEATH	-OUTSIDE CALIF.	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT  Demetria Angeles-Wife
71	California	DRESS OF CALFORMA—FUNERAL DIRECTOR OR PERSO Burial Chapel 2200 Highlandity, CA 91950	d Ave.	IF. LICENSE NUMBER APPLICABLE 1689	864 Purple Blossom Dr. San Báscos, £A 92078
	ACKNOWLEDGMENT OF AP	I I have adverted to suffered that the second of	sposition stated herein is one of the	dispositions authorized by	BA. SIGNATURE OF APPLICANCE—Boson being point; BB. DATE SIGNED  101/07/2004
	UTHORIZATION OF		9A. AMOUNT OF FEE PA		issued sc. signature of local registrar issuing permit 104 2400398
	OY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	Vical Records—F.C. Box 852. San Diego, CA 92186-5222	(2000)		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA
10	. AUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
	B. CREMATION		E. TEMPORARY ENVA  F DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS	FINIA	L DISPOSITION PENDING—REMAINS LOCATED AT
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMET Mt. Hope Cemetery 3751 Market St., San Diego	AMM	118 DATE BURIE	Tanker of Person by Change of Burian
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	STORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B, DATE RECE	VED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY
OMPLETE AL	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO B		14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR STOCKET TO IDENTIFY FINAL PLACE AND CADIST		158 DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION  CHARGE OF DISPOSITION  15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER  IF APPLICABLE

COPY 2 IS RETAINED BY 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 Dead

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date__/- 7-04

ora mae Dennis &	egulations, to inter the remains $27368$
na Lines Funeral, date, time he	day Jan 9 1
Church Chapel Graveside	Memorial Monuary.
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.	TO 100 TO
ot 73 Grave 6 Row Section 2	Division/Block12
Grave space & Care Fund	985.00
Additional spaces and care fund	
Opening/Closing & Setup	413.00
Burial Container PAID	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording and filling (se	30.00
Sales taxes	ERY 16,20
Total D	US
D Paid receipt number	57069 [833.8
Sales taxes.  Paid receipt number	Balance due
hereby certify I am the	of the above named decaden
and this is your authority to make disposition of remains as above in that I have the right to make this authorization and I agree to hold Mt. any liability on account of said authorization and interment.	dicated. I certify and represent Hope Cemetery/harmless from
30 1330 13 13 13 13 13 13 13 13 13 13 13 13 13	
hareby authorize the interment in lot I	n 2 2 2
Address L	Tre Tree
Bigretture of recorded holder of deed	Zip Cod
$\mathcal{U}$	
Telephone	
toulette trypice #	

© Printed on recorded paper

## MT HOPE CEMETERY E48231

#### GRAVE BLIND CHECK FORM

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

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	0-ven	x	Vossit	er in	
	Shields		Buell	-me.,	
	- Shie	-	Your		
			<u> </u>	<u> </u>	
Interment Date	nitiated By: Pose for: Ora -		Time:/	1:00	_
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Grave Laid ou	t by:	in Fe	~	~	20
Agrees with L	egal Card: ☐ Y	es	0 NO 7	= lag	on
Agrees with M	ap: 🛘 Yes	~ <b>□</b>	No	130	100
Blind Check A	Verified By: /	DAR	2501	Date	1-8-04

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

out

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

1A	. NAME OF DECEDE	NT+FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		- 10	TE OF BIRTH 3	3. DATE OF DEATH	4. SEX
	ORA	1	MAE	DENNIS		MONT	/13/1919	01/01/2004	
5A	SAN DIEGO	0	Ac auditorie	58. COUNTY OF DEATH ENTER STATE SAN DIEGO	H — OUTSIDE CALIF.,	6. NAME, RELA OF INFORMA	TIONSHIP, FULL MA	ALLING ADDRESS AN	
7A	THE NAT AND		FUNERAL DIRECTOR OR PERSO	N ACTING AS SUCH 78. CALIF - IF A	1575	3245 C	OLLEGE PL. GROVE, CA	#15	E ŞIGNED
	ACKNOWLEDGEMENT OF	APPLICANT I hereby action of the Health	owledge as applicant that the proposed disposition and Safety Code, and was authorized pursuant to	stated herein is one of the dispositions at Section 7100 of the Health and Salety Co.	thorized by Section 109055 Se.	» Joseph	Tuner Y	h ala	12004
	PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	NACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR IN SPECIFIED IN THIS PERMIT. IN RIGHT OF DISPOSAL OUTSIDE OF CALIFORN	\$13.00	01/09/2 J. LEMON	004	2400676	REGISTRAR ISSUING PI	HMIT
N	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	P.O. BOX	GISTRAR OF DISTRICT OF DEAT EDUNCAUFORNIA 0, CA 92186-5222		RESS OF REGISTRAR O POSITION IS TO OCCUR				
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C TERY	OTHER CAME CAME CAME CAME CAME CAME CAME CAME	F DISINTERMENT G. SHIP IN TO CALIFORNIA TO TRANSIT TO OUTSIDE OF	ing. Sala umatawana nema	11C. SKGN	(Name and Address)	OING — REMAINS LOCA	U
LE ITEMS	CREMATION	12A. NAME AND AC	DORESS OF CALIFORNIA CREMA	TORY	12B, DATE CREMA	TED 12C. SIGN	NATURE OF PERSO	ON IN CHARGE OF C	REMATION
UL APPLICAB	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGN	NATURE OF PERSO	ON IN CHARGE OF FA	CIUTY
COMPLETE /	TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	TO 100 100 TO 10	RESS AND SIGNAT PLACING WITH THE	URE OF PERSON IN CARRIER	CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, O DIDENTIFY FINAL PLACE AND CA EA, <u>ONLY ENTER</u> LATITUDE AND	DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	CONTRACTOR STATES	NATURE OF PERSO RGE OF DISPOSITI	CONTRACTOR OF THE PROPERTY OF	E NUMBER OF REMAINS DIS- APPLICABLE

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

## MT. HOPE CEMETERY

AL Dead

Olly of Sea Diego

Date 1-7-04

	and, subject to your judge and regulations, to inter the remains
Topo of Senter Contains	Furreral, date, time the day for 9 11
Shurch Chapel Graveside	
Ul Funaral care must arrive before 3:5	30 p.m. of regular work day or un extra charge of \$
vill be applied and billed to undersign	<b>d</b>
101 73 Grane 6 Ac	ow Section
Grave space & Care Fund	985.00
Additional spaces and care lund	
Opening/Closing & Setup	413.00
Burial Conteiner	209.00
Hending Fees	160.00
Foreign vinger Marker Jargne ras	
Recording and tiling fee	<u>30.00</u>
	16,20
	Total Date /833.8
ent to party	
THE TOT /	Field receipt marriser
	Palarce dee
I hereby cently I am the MXXII	of the above remains as above indicated i carrily and represent
that I have the right to make this author	prization and I agree to hold Mr. Hope Company harmless from
and waters to service to being entitles	11. + 3 has 1 -
I hardly authorize the interment in rat	1 long www.
INNE UP A CACT.	3.45 Adlege Pli #15
Continued And the lake of the self	- Temon Gare A 919
	619.460.5718
hulde	Toleran
anna	Involve #
E 18231	Acct. 8
esame ting This	information is available in alternative turnsts upon request.

# Afrid

#### MT. HOPE CEMETERY

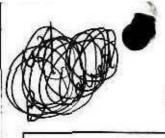
#### INTERMENT ORDER

City of San Diego

Date 1/7/04

and the state of t	ructed, subject to your rules and regulations, to Inter the remains
ina ASK Vault	Funeral, date, time Hun 1/2 Ayo
Turns of Burlet Contribute /	livery Ayo San Jacinto Mortuary.
All Funeral cars must arrive before	3:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersig	gned
Lot 83 Grave 6	Row Section 4 Division/Block 4
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	Vault 4-
Handling Fees	66-
Flower vases - Marker setting fee .	PAID
Recording and filing fee	000 TE THE TAX TO THE
Sales taxes	JAN 0.7. 2004 4.73
01-07-04A11:45	111
	Peid MQUAT HOPE CEMETERY 217.73
Cotherine A./k	OS Mosk ( Balance due
I hereby certify I am the	lipposition of remains as above indicated. I certify and represent thorization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in hold under deed.	
Mancy	OceanSIDE (H 90059  Caty (619) 233-1600  Telephone
Work Order # E 1823	2 Acct. #
	nis information is available in alternative formats upon request.

C Printed on reguled paper



## MT HOPE CEMETERY E 18232

#### GRAVE BLIND CHECK FORM

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

the burial space		opridio o	paccio, mar	are deji	
_	<u> 200</u>	abmon	]		
	Covert	Š	wasson		
-	9	P	\$		
8 3 2 2 3	0	TANK A	0		1101
Blind Check In Interment space	10		Part I.	Date: _	1/1/04
Interment Date	man.	42	Time:	Ay	0
Div: 4 s			Lot: _8	3 0	ir: 6_
Grave Laid ou	t by: Norma	mber	quem		
Agrees with Le	egal Card: 💋	Yes	O No 6	lago	n
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Agrees with Le Agrees with M Blind Check &	k Verified By:	1/1	Bucca	_ Date:	Fobor
	129	10'	1		2004

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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310	200	
20		300

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 4. SEX 1B. MIDDLE 3. DATE OF DEATH 1C. LAST (FAMILY) 2. DATE OF BIRTH 0670771915 Covert 1272972003 Marie Dagmar 5A. CITY OF DEATH 6 NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE OF INFORMANT Riverside Morene Valley Harvey Emery, Son 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178: CALIF, LICENSE NUMBER 1439 Slate Av. - IF APPLICABLE San Jacinto Valley Mortuary Hemet, CA 92543 FD 1765 250 S. St., San Jacinto, CA 92583 8A. SIGNATURE OF APPLICANT -Person taking permit :8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated haven is one of the dispositions authorized by Section 109055 ACKNOWLEDGEMENT OF APPLICANT of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code 9A. AMOUNT OF FEE PAID 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 01/06/2004 FAX AUTH. #142244 **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSE San Diego Co. HD; P.O. Box 85222 IF DEATH OCCURRED IN CALIFORNIA CO. HD TION REQUIRES A NEW PERMIT TO SHOW FINAL P.O. Box 7600, Riverside, CA 92513 San Diego, CA 92186-5222 DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT 1. DISPOSITION PENDING — REMAINS LOCATED AT (Neme and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery BURIAL 3751 Market St., San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SE OF CREMATION Evergreen Memorial Park and Cremetorium CREMATION 1414 14th St., Riverside, CA 92501 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B, DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B DATE OF 15C. SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. DISPOSITION CHARGE OF DISPOSITION CREMATED REMAINS DIS-1 POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

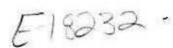
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

DISPOSITION OTHER THAN IN A CEMETERY

	Certificate of Purchase
	***** IN KKA
	# MOUNT # HOPE # CEMETERY. ₩
	SAN DIEGO, CAL. Oct 379 1882
	This is to Certify, That 6. B. Covert has become the owner
	of Lot No. 83, Row, in Section No. 4, located in Division 4 in Mount Hope Cemetery,
	he having paid therefor the sum of deventy cion Dollars,
	the receipt whereof is hereby acknowledged, owned and held subject to the By-Laws, Rules and
	Regulations of the Cemetary Commission, in force for the time being, or subsequently made, and containing 200 square feet, more or less, as will more fully appear by reference to
t	the Record of Surveys in the office of the Secretary of the Commission.
	By standing order of the Board of Commission.
	Joseph A. Smith a Cl Circhaugh

### Mt. Hope Cemetery

### The City of San Diego, California



fifter in the Corectory Commission of The City of San Diegic Calif

		DE	ED.		121
FOR AND IN CONS	IDERATION of t	by sum of	Cuchu	idrea	Dollars,
tocape wheepot is lightly act	overt		nonesien of the City of San I	Siego kereby ;	grants to
sta following a scribal prope	res situate and In-	ng is Mt I	loge Cometery in The City	or manual lings	o, in the County of
	, more particularis	described a	ision four	ighty	
et :-   winter   b- II   se ii		W W	n i men kan <del>awa</del>		
L. H. Vaer	look C	Wap+	752 as du Jan 18,	rvey 93	ed by
that in the office of the Cour	s Recorder of San	Diego Con	nty on the State	in ML	ay 1893
and recorded in Book. As and regulations of said Cenne by said to order the capense over, that said Cennetery Continue, capts or other improve plat or parted of Jand, but this and his representatives, executionale when meeted and when	tery Commussion, or by the Commo and hereinabore d of the Cemetery C mission does not a ment of like narm the said	and to the control of	oles and regulations now in the tity of San Diego, ranted with the rapress right of The City of San Diego, agree to nake any repairs to ready, or may hereafter be assigns shall at their own expansions of the country	force and her  in the grant  it is express  any monume  greeted or pl  conse cause al	ratter to be adopted  in to propertial rare by understood, how- out, headstone, pave- aced on said lot or  Il such repairs to be
the reles and regulations of a regulations which may berea thego, such sales, however, a intendent thereof and upon a inentiated, said for or parcel. If no interment has he the provisions of the laws of	the Concern Country for he adopted by their he made only a re-sale contrary of land shall receive made in said to	mission here said Ceme with the with the provi- re the provi- re to the Co t or parcel of	ttery Commission or the Co written consent of the Cem sions of this deed, or the r emetery Commission of the of land, then the same may	orce, or subjections Counce etery Commer- ules and regular Etty of San be disposed	et to such rules and t of the City of San saon or the Super- dations bereinabove Diego. of only pursuant to
City of San Diego,					
in witness whe	ed attested by its	Secretary, t		- Qe	l ,1922
^	CEMETI	RY COMM	ission of the city of	SAN DIE	GO.
TO A	rus Decre	tury.	#y	o y	Pre-ident.
STATE OF LABORATE A	4				
On Des	fith day or	Oat	192, heter	re me	
- Susant Public in and the sent trib	ills, personalls, appears	A	Y.A.Jacques H.J.Roy E.N.Jones		
Lunwir to our to be the Pre-Ment, or	Vertical accompanies of the party of the				A
			icy of San Diego. the Cummission		

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

200	City of	San Diego	No.	35 (\$15)
at peed			Date_ / - 7	-04
7.0	23	77383	Un	1/129:0
You are hereby authorized a	nd instructed, subj	ect to your rules	and regulations, to	inter the remains
a_& stewar	yanga	5 1.4.	200410	005
ina D.D. CRUP	+ # BF	merai, date, time	Thurs do	48th 910
Type of Burger Gorden Church, Chapel, Graveside	dol on	A A	moriana	remution
All Funeral cars must arrive		7	DM CB9	YVIEW)
	Secretary of the second	Ladinas activida	y or an extra charg	a Or \$
will be applied and billed to u	Indersigned			
17 7	0		78	12
Lot _17_ Grave 2	<u>B</u> Row	Section	Division/	Block / O
Grave space & Care Fund		••••		131.
Additional spaces and care f	und			ad t
Opening/Closing & Setup				4390
Burial Container	ASSESSED MAKAMAYASYAS BARANA		==	128.1
	بر ,	V V		
Handling Fees	Ou.	ARIS & DOM		
Flower vases - Marker setting	ng fee	" Haton		
Recording and filing fee	MANIAT	HOPE CEM	ETENY	47.00
Sales taxes	MOON	HOPE CEM	EIERY	7 7
858-694-3300	ds who	το	otal Due	154.9
to John Educa	Dela Paid re	ceipt number	911305	754.9
Sales taxes	* R614 20	PJ .	Balance de	. 6
I hereby certify I am the	42, 21		No. Philosophia	
and this is your authority to	make disposition o	f remains as abo	we indicated, I cer	named deceden
that I have the right to make any liability on account of sa	id authorization an	d interment.	a Na. Hope Cemen	ery narmiess from
				~
I hereby authorize the interm hold under deed.	ent in lot I	Signature	h >	
		Address	- Nach	
Signature of recorded holder of dead			1	Zip Cod
0 40		3	9	
20000		Telephone	0-31	20)
_ 40	077	Invoice #	3926	18
Work Order # E 18	255	Acct. #	0009	5a
REA-104 (7-96)	This informat	ion is available ii	alternative form	ets unon reminei
Signature of recorded holder of deed	233	City Telephone Invoice # Acct. #	3924 0009	78 5a

O Printed on recycled paper

E-18233

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT—FIRST (GIVEN)   1B. MIDDLE	10 LAST (FAMILY)	CHARLES IN LE	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
ESTEBAN	LEMOS	VARGAS		02/07/1963  08/06/2003  M
SAN YSIDRO  A. TYPED NAME AND AL	DORIESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A	CTING AS SUCH 7B. CAL	N DIEGO	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN EDWARDS - PUBLIC GUARDIAN 5201-A RUFFIN RD.
	EM. SERV. 6136 MISSION GORGE R	D.	1752	SAN DIEGO, CA 92123
#210, SAN D	IEGO, CA 92120	i i		BA. SIGNATURE OF APPLICANT—Person taking person, BB. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT  I hereby acknowledge as applicant that the proposed dispos Section 19375 of the Health and Safety Gode, and was authors			March Ollowick
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	\$13.00	98. DATE PERMI 01/09/200 R.MARTIN	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	POPE THE PERSON ONES OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CANFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADI	RESS OF REGISTRAR	TUR IN ANOTHER DISTRICT IN CALIFORNIA
O. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION		F. DISINTERMENT G. SHEP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	I. DISPOSITION PENDING—REMAINS LOCATED A
BURIAL	MT. HOPE CEMETERY, 3751 MARK SAN DIEGO, CA 92102		118. DATE BURIE	i $i$ $i$ $i$ $i$
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	12B DATE CREMA	ITED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 19C. 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 SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR SEARCH TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION SUF- DISPOSITION OTHER THAN IN A CEMETERY			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION CHARGE OF DISPOSITION 150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

Ø 002

D02

NO. 053

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diago

at he	Date_1-1-04
You are hereby authorized and instructed, at a ESTERAN VONGO	
Church, Chapel, Graveside	Funcional date time Proces for 8th 9:00 Ly : American Cremation
All Funeral cars must entire before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	- X
Los 17 Grave 28 Row	Section Division/Black 13
Grave opace & Cars Fund	<u></u>
Idditional apaces and care fund	
Opening/Closing & Setup	4390
Burial Container	. 128.0
lending Face	
Flower values - Marker setting fee	
20 등 대기업 BBB (19 5년 1일	1881 C. 1887 C. 1881 C. 1887 C
	9.98
Hocording and filling fee.  1856-694-3500  1960-694-3500  1960-694-3500  1960-694-694-694  1960-694-694-694-694-694-694-694-694-694-694	Total Due 754.9;
Graced W Max 800 3	ASI Belance due
hereby conity I am the	of the above named decadent in of remains as above indicated. I certify and represent in and I agree to hold Mr. Hope Cematery harmless from and interment.
hereby sushorize the interment in lot i	alul Elan C
70-51	5201. A Rolley Rd
Wester	558 694 3519
LUNDO	
Nork Order # E 18233	Acci. 9
EA-104 (7-8m) This Inform	nadon is available in alternative formats upon request.

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City	of San Diego		
AT NEED City	Da	te	7-04
You are hereby authorized and instructed, su	bject to your rules and re	gulations, to im	ter the remains
	Funeral, date, time FR RAG	BAY JA	Mortuary.
All Furneral Bars must shirt before 3:30 p.m.	of regular work day or an	extra charge o	
will be applied and billed to undersigned	Section	Division/Bio	10
		*	1095,0
Grave space & Care Fund			1013,0
Additional spaces and care fund			413.00
Opening/Closing & Setup			209.00
Burial Container			
Handling Fees			160.00
Flower vases - Marker setting fee			1-4760-0-111 1000-0-1
Recording and filing fee.	R-C-V-D	TEDV	50.00
Sales taxesMOU	NT HOPE CEME	IENI	10.00
pay	Fotal Di	A	19129
Sales taxes MOU Paid	receipt number	Balance due	11900
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above inc n and I agree to hold Mt. I	scated. I certify	amed decedent and represent harmless from
I hereby authorize the interment in lot I hold under deed.	Signature 10 68	the Str	mey
Paul et a a a a a a a a a a a a a a a a a a	120m 8	Diego C 5-3248	4.9344
Work Order E 18234	Involce #		
22.07.013		223 2	

## MT HOPE CEMETERY [ 18234

#### GRAVE BLIND CHECK FORM

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

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		Х	*	Recie	
			Cupp	CUPP	Henry
nterment Date	ce for: <u>U</u> e: <u>1-9-0</u> ect: BI	4	Time:/	:00 PM	7
Grave Laid ou		K/Row: _	Lot:	<u> </u>	ir: _/
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Agrees with M	ap: 4 Yes	0	No /	Flord	y and
3	/	17	//	17	, 8N

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	BE BLACK INK ONLY-	-MAKE NO ERASURES, W	HITEOUTS OR OT	THER ALTERATIONS
A. NAME OF DECEDE  Cleveland	No. CONSTRUCTION	18. MIDDLE	IC. LAST GAMELY) Bonniey		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 09/08/1932 01/04/2004 M
SA. CITY OF DEATH	1ego		SB. COUNTY OF DEATH	H-outside calif	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MATY L. Bonniey, Wife
Anderson-	DORESS OF CALIFORNI Ragedale Mo	ortuary, 5050 1	Legerar Drad!	FAPPLICABLE	610 68th Street San Diego, CA 92114
ACKNOWLEDGMENT OF M		ckneeledge as applicant that the prop-	esed disposition stated herem is one of the was authorized pursuant to Section 7100 of th	dispositions authorized by	BA. SIGNATURE OF APPLICANT—Person taking person, BB. DATE SIGNED  101/07/2004
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSI- TIEN REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	THIS PERMIT IS ISSUED SIONS OF THE CALE. SIONS OF THE CALE. AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GYES IN BO. ADDRESS OF RI IF DEATH OCCURRE Vital Reco	JED IN ACCORDANCE WITH R ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPEC IN MONT OF DISPOSIL OUTSIDE OF CAL EGISTRAR OF DISTRICT OF	PROVICODE CORPE PA AMOUNT OF FEE P P P P P P P P P P P P P P P P P	O1/08/20 B. Campbe	
B. CREMATION C. DISPOSITION OF THAN IN A CE	OF CREMATED REM. EMETERY SE		E. TEMPORARY ENVA	DRNIA SIDE OF CALIFORNIA	DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
BURIAL	Mt. Hope	Cemetery, 3751 Co, CA 92102	EMETERY 1 Market Street	/1-9-04	D 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			129 DATE CREMAT	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC	SCIENTIFIC			138. DATE RECEIV	VEOT 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPE	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER — # APPLICABLE

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

#### MT. HOPE CEMETERY INTERMENT ORDER

#### City of San Diego

AT NEED

REA-104 (7-98)

NEED	ity of dail blego
100-	Date_ ! - 7 - 04
V / - / - / - / - / - / - / - / - / - /	I, subject to your rules and regulations, to inter the remain
	165 22 134 Jan 8 1
Type of Ruffel Conteller	Funeral, date, time 1201 Cay Can 12
hurch Chapel, Graveside	ery ony; CA. BURIDL Mortuan
Ill Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge of \$
ill be applied and billed to undersigned.	
28 0	
ot 38 Grave 9 Row	Section Division/Block
Grave space & Care Fund	E-18216 - O-
Additional spaces and care fund MAG	NEW DEPOLY TO THE OF
	E-18216 -
Burlal Container	<u> </u>
landling Fees	· · · · · · · · · · · · · · · · · · ·
lower vases - Marker setting fee	
Recording and filling fee	-18216
Sales taxes	·· ·
	Total Due
B	man a Addin de Marco
	aid receipt number
	Balance due
hereby certify I am the	tion of remains as above indicated. I certify and represent
hat I have the right to make this authorization in the light on account of said authorizations.	ation and I agree to hold Mt. Hope Cemetery harmiess from
	(See attached)
hereby authorize the interment in lot i iold under deed.	Signature (acrited)
ACCESSION OF THE PROPERTY OF THE PARTY OF TH	Address
Ignature of recorded holder of deed	City Zig Co
	Telegistens
1489	2-2-3-3-3-6
E 18235	Invoice #
Nork Order # E 10233	Acct. #

& Printed on recorded paper

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 DECEDE	NT DIDET COURSE	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF B	IDTH I 9 DAY	E OF DEATH   4. SEX
ANDREY		JONES		0671171953 01702/2004			
SAL CITY OF DEATH	LTY	1	and the second s	TH-OUTSIDE CALIF	6. NAME, RELATIONSHIP, OF INFORMANT	FULL MAILING AT	DORESS AND ZIP CO
CALIFORNIA	CREMATION	A FUNERAL DIRECTOR OR PERSO 6 BURIAL CHAPEL S 1EGO, CA 92115	5880	ALIF. LICENSE NUMBER -IF APPLICABLE 1357	KENNETH S. J 7063 CANTABE SAN DIEGO, C 8A. SIGNATURE OF APPLI	RRA CT. A 92129	5-24
ACKNOWLEDGMENT OF A		choosings as applicant that the proposed di 376 of the Health and Selety Code, and was out			M. SIGNATURE OF APPLI	-Anti-Takin idag	01/06/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	BIONS OF THE CALIF MID IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI FORNIA HEALTH AND SAFETY COOL IN FOR THE DISPOSITION SPECIFIED IN BOOKE OF DISPOSAL CUITSBE OF CALFORNIA	\$13.00	J.BENYA	004	ADM TANK	ISTRAR ISSUING PERMI
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	EDS-P.O. BOX 952. CA 92186-85222			R OF DISTRICT OF DISPOS CUR IN ANOTHER DISTRICT IN		
BURIAL INCLU	OF CREMATED REM EMETERY SE	AINS OTHER  DORESS OF CALIFORNIA CEMET  CEMETERY 3751 HAI	ERY			and Address	CHARGE OF BURIAN
BUHIAL	SAN DIEGO	, CA \$2102		1-8-04	1. Ka	y m	ider
CREMATION	12A. NAME AND AI	odress of California Crem/	TORY	128. DATE CREW	TED 12C. SIGNATURE (	F MERSON IN C	HARGE OF CREMATION
SOMENTIFIC	13A. NAME AND AL	doress of California Facili	TY RECEIVING REMAINS	138. DATE REGE	IVED 13C. SIGNATURE C	OF PERSON IN (	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B		148. DATE SHIPP		D SIGNATURE C WITH THE CARR	of Person in Charge Her
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C ENTIFY FINAL PLACE AND CA <u>DIST</u>		158. DATE OF DISPOSITIO	15C. SIGNATURE ( CHARGE OF		150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER OF 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 NO APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

VS 9 (REV. 6/91)

NO.835

SO MT. HOPE CEMENTERY + CALIF BURIAL

MT. HOPE DEMETERY INTERMENT ORDER City of Ban Diego

A1	MEN
100000	

15:32

Das 1- 7-04

You are hardly suprested and instructive, subject to your rules and regulations, to liner the remains	
me Lines some Delivery only CA Buelo: Money	Thurs, tang 14
All Parsonal carps mount coriers before 2:30 p.m. of require work day of the action of the part \$	
pth to applied and billed by sectoral proof.	
La 38 Green 9 Rais Becton 2 Children 12	
Samuel Sa	
harmond steems and company	
E-18216	
Bulli Continue	
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Paid receipt number	× 417
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that I have the right to right to discount of each substitution and interest to held let; Hape Correspy remitted from any liability on absourt of each substitution and interests.	
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I femaley Milleurica the International In Last 1	
1003 Campation CT.	
Sa Dinge (1. 10/09	
(858) 780-279/	
0 . 26	(6)
Presidente - 10075	
Mont Green 6 E 18235 Acc. 6	
The behavior is markets in appearing fraction and stands	

#### MT.-HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

227396 (zegland instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel Graveside All Funeral cars must arrive before 990 p.m. of regular work day or an extra charge of \$ 300 will be applied and billed to undersigned. Grave space & Care Fund ..... Additional spaces and care fund ..... Opening/Closing & Setup..... Handling Feet ..... Flower vases - Marker setting fee ... MOUNT HOPE CEMET Recording and filing fee ..... Paid receipt number Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. involce # 18236

REA-104 (7-96)

This information is available in alternative formats upon request.



#### GRAVE BLIND CHECK FORM

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

				4-7-	1
		Stocy			
		<b>x</b> .			
Blind Check Init Interment space Interment Date:	e for: <u>50</u>	by Me	ectur	ia_	
Div:9_ Se	ct: B	lk/Row:	Lot	3583	Gr:
Grave Laid out	by:				
Agrees with Le	gal Card: 💆	Yes C	J No	- 0	1
Agrees with Le	p: X Yes		0	100	grave

Blind Check & Verified By-

Della Date: 1.16.04

F18236

4647 Zion Avenue San Diego, California 92120 (619) 528-5000



1/9/2004

Bayview Cremation & Burial 7510 Clairement Mesa Blvd., #109 San Diego, CA. 92111

To whom it may concern:

Nancy Rank-Medina delivered a thirteen (13) week fetal demise at our hospital on January 9, 2004.

If we can be of any assistance, please contact our office.

Sincerely,

Eileen Budny, Coordinator

Decedent Affairs (619) 528-5596

## Atud

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date Jaun. 12,04

	U
7 111 00 10000	ubject to your rules and regulations, to inter the remains
of With M	14 d 1 d 20
Type of Barriel Container	Funeral, date, time Wall 114 a.u.
Church Chapel Graveside	: Summitted Mortulary
All Funeral cars must arrive before and p.m.	. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 1720 Grave 1 Row_	
Grave space & Care Fund	D-1660 -
Additional spaces and care fund	
Opening/Closing & Setup	D 6090 <del>D</del>
Burial Container O	0000 E.8066 -
Handling Fees	
Flower vases – Marker setting fee	D40208-
Sales taxes X0.	D 6020 0
of lower	Total Due
01-14-Faw	receipt number LN
7 7 7 7	
N	14-04 P03:17   Palance due
Thereby certify I am the X OV and this is your authority to make disposition	of the above named decedem n of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery harmless from
Marvin Brady	1 mans
I hereby authorize the interment in lot I / hold under deed.	Soppium
note under deed.	M. Brook
Rigneture of recorded holder of deed	x 8579 Harbell dr
	San Diego CA 921/700
tan_	Tubulan (618) 464-45 26
- 10077	Invoice #
Work Order # E 18237	Acct. #
The state of the s	DOLO LE WAREN W. W. W.

## MT HOPE CEMETERY E 18237

#### GRAVE BLIND CHECK FORM

the burial spac	e.				T
	المساعدون	وهماعذا			h
	Gold	х	Brooky		
	لملتسلا	Chu			
Blind Check In Interment space Interment Date Div: Se Grave Laid ou	ce for: <u>Wed</u>	1(14) VROW:_	Γime;	Date: ady 2:00 170 c	1/12- or:_1

## Mount Hope Cemetery 3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

Jan.	16, 2004	E-18237
то:	Marvin Brady 8579 Harwell Dr. San Diego CA 9211	9
	DESCRIPTION OF	CHARGE AMOUNT
		€

Arrival time of 3:18 incurs a late fee of \$165.00. Due in 10 days of receipt.

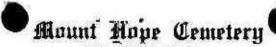
total

\$165.00

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MAR	KE NO ERASURES, W	HITEOUTS OR O	THER AL	TERATIONS			
1A. NAME OF DECEDENT—FIRST (GIVEN)		NT-FIRST (GIVEN)	18. MIDDLE ERNEST	1C. LAST (FAMILY) BRADY			2. DATE OF BIRTH	3. DATE OF		4. SEX
SA CITY OF DEATH  LA MESA		5B. COUNTY OF DEATH — OUTSIDE CALIF., 6. NAM ENTER STATE OF		6. NAME, OF IN	ME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE INFORMANT RVIN BRADT-SON					
7/	A. TYPED NAME AND AC		NIA-FUNERAL DIRECTOR OR PERSON A - I-805 & INTERIAL A SAN DIRECO, CA 921	AVENUE -IF	F LICENSE NUMBER PPLICABLE  D 843	8579 SAN	HARWELL DR DIEGG CA 9: ATURE OF APPLICANT	2119	8B. DATE	SIGNED
-	ACKNOWLEDGEMENT OF A		knowledge as applicant that the proposed disposition sta th and Safety Code, and was authorized pursuant to Sec			> 10	127-	-	01/13	/2004
	r Crimin	THE CALIFORNIA HEALT	IN ACCORDANCE WITH PROVISIONS OF TH AND SAFETY CODE AND IS THE AUTHOR- ON SPECIFIED IN THIS PERMAT. NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT 01/13/20 KOJON		9C. SIGNATURE OF LOCA 2400963	AL REGISTRAR	issuing Per	eMIT • •
7	INY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL	P.O. BOX	REGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA 15222 CA 92186 5222		HESS OF REGISTRAR SPOSITION IS TO OCCUP		T OF DISPOSITION — R DISTRICT IN CALIFORNIA			
The state of the same	A. BURIAL (INCLUDE  B. CREMATION  C. DISPOSITION OF THAN IN A CEME  D. SCIENTIFIC USE	CREMATED REMAINS	ADDRESS OF CALIFORNIA CEMETER	The state of the s	A. 1	• 7 <b>D</b> 110	i. DISPOSITION PI	i i	#	
	BUHIAL	SAN BIEGO			1140	4/	4/1	Po	en	ca
BIE ITEMS	CREMATION	12A. NAME AND	ADDRESS OF CALIFORNIA CREMATO	DRY	12B, DATE CREM	ATED 120	Z SIGNATURÉ OF PER	ISON MICHAF	RGE OF CR	EMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND	ADDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	13B. DATE RECEI	VED 130	C. SIGNATURE OF PER	ISON IN CHAP	RIGE OF FAC	CILITY.
COMPLETE	TRANSIT	Later the thirty was a property of the propert	ADDRESS IN RECEIVING STATE OR O R CREMATED REMAINS ARE TO BE S	CONTRACT CONTRACTOR CONTRACTOR	14B. DATE SHIPP	ED 140	C. ADDRESS AND SIGN OF PLACING WITH T			CHARGE
1	SCATTERINGBURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT	EAREST POINT ON SHORELINE, OR ( TO IDENTIFY FINAL PLACE AND CA DI SEA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSITIO	15B. DATE OF N. DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS	SITION D	SD: LICENSE REMATED RE OSER — IF AI	MAINS DIS-

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



3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102

#### STATEMENT

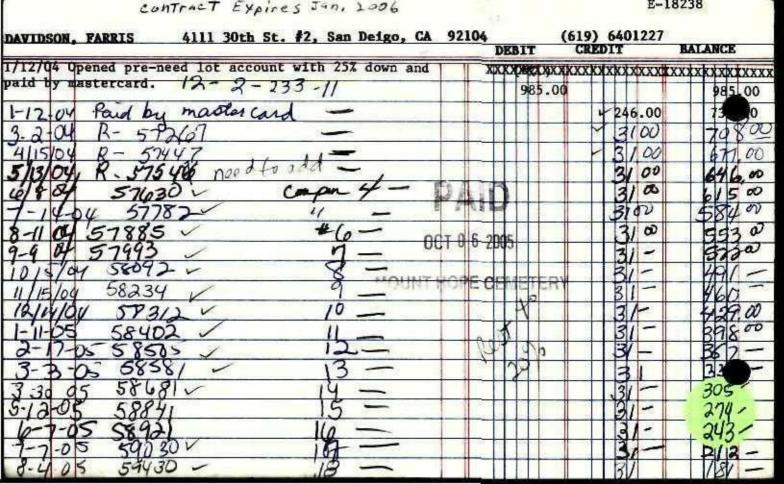
TELEPHONE: 264-3151

Jan.	16, 2004	VOUR ORDER NO. E-18237
то:	Marvin Brady 8579 Harwell Dr. San Diego CA 9211	9
	DESCRIPTION OF	CHARGE AMOUN
i de la companya de l	Arrival time of 3:18 in of \$165.00. Due in 10  Acce PAI JAN 28  MOUNT HOPE	total \$165.00  Send  IPT  D  2004

### MT. HOPE CEMETERY

#### INTERMENT ORDER

DIR-NEED City	of San Diego
Pre int	Date 1-12-04
You are hereby authorized and instructed, so	subject to your rules and regulations, to inter the remains
20.00	CAST DOLLAR ARTHURANES
in a	Funeral, date, time Mortuary.
All Funeral cars must arrive before 3:30 p.m.	. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 233 Grave 11 Row _	Section 2 Otvision/BIRSk 12
Grave space & Care Fund	985.0
Additional spaces and care fund	
Opening/Closing & Setup	
Opening/Closing & Setup Burial Container	PAIU
Handling Fees	
Flower V8999 - Marker setting fee	IAN 12 ZUUR
Reception and filling to PAID	JAN 1 2 2004 =
Color taves	IT HOPE CEME!
Recording and filing fee ADD Sales taxes OOCT 0 6 2005 NOTINE HOPE CEME	9850
of Mintell	10 DEG day 2460
DY PROMIT HOPE CEME	TERY 729 C
C) Madulat tion in Co	Balance due 1515
and this is your authority to make dispositio	or the above named decedent on of remains as above indicated. I certify and represent
any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery harmless from and interment.
FAMS Devideon 2273	369 (Jones 12e- 21-
I hereby authorize the interment in lot I hold under deed.	4111 3745 54 # 2
10 C C C C C C C C C C C C C C C C C C C	Address (4.18):00 97/0
Signature of recorded holder of Good	JAN 11060, 9040
poulette	7 6 1 9 6 40 12 2/
Yes	invoice #
Work Order # E 18238	Acct. #
This inform	nation is sucliable in alternative formate upon request



6 17:4 E-18238 12-2-233-11 aredi Bulance Rolance Forwarded
R-59126 Coupont 19
Usacord paid in full by Phone

# Athud

REA-104 (7-96)

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Dete Jan . 12.04

	V.
You are hereby authorized and instructed, subje-	ect to your rules and regulations, to inter the remains
* Habacuc	Cruz 227388
Vinia	11110 1/1 200
Type of Burge-Geotginer	neral, date, time 1010 /14 g.w
Church, Chapel Graveside	: Treference (Mortuary.
All Funeral cars must arrive before p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 156 Grave 7 Row	Section Division/Bleak/_2
Grave space & Care Fund	765
Additional spaces and care fund	1/5=
Opening/Closing & Setup	43
Burlal Container	11D 209 ~
Handling Fees	160-
Flower vases - Marker setting fee	2 2004
Recording and filing fee	
Sales taxee MOUNT HO	/(22 2
	Total Due
Paid red	seipt number K . 57081 1833. 30
	Balance due
I hereby certify I am the X Son	of the above named decedent
and this is your authority to make disposition of	remains as above indicated. I certify and represent
any liability on account of said authorization and	nd I agree to hold Mt. Hope Cemetery harmless from
Bilvino Cruz Bi	
I hereby authorize the interment in lot I	Aldrino padio
hold under deed.	KY758 John St Lot B
01-12-04A11:36 PAID	Address
Signature of recorded holder of dead	X Sun Diego (A. 922115
san_	X1619) 2838770
40"	
_ ^ ^ ~ ~	Invoice #
Work Order # E 18239	Acct. #

O Printed on recycled paper

This information is available in alternative formats upon request.

## MT HOPE CEMETERY 19239

### GRAVE BLIND CHECK FORM

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

	1	i T		T -		1
	Deph					
	West	Gudu	x	Beltren		
		Dixon				
	V					
ntermen		r: Hab	0.000	-	W-05	160
)iv:_ <i>[6</i>	Sect:	a_ BIW	Row: _	Lot: 4	/56 G	ir: _7_
	aid out by:	Norma	<u>~</u>	Ferran		
Grave La						
		Card: Ay	es	□ No {	glag	3

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH MONTH, DAY, YEAR MONTH, DAY, YEAR 01/14/1960 Abuca 01/11/2004 Cruz SA. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE San Diego San Diego Silvino Cruz - Son 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 4258 50th Street #B Preferred Cremation and Burial -IF APPLICABLE Man Diego, California 92115 \$094 El Cajon Boulevard Ste San Diego, California 92104 FD-1746 SA. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED I bereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was netherged persoant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE \$13.00 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT Mark Jenkins 2400922 MOTE: THIS PERMIT CINES HO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIE LOCAL REGISTRAR BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS P.O. BOX 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. San Diego, California 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURNED Mt. Hope Cemetery BURIAL 3751 Market Street Ran Diego, California 92102 12C. SIGNATURE OF PERSONAR CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED CREMATION 13B DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER HE APPLICABLE THAN IN A CEMETER



### 1

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

At-Need

Dete 1-12-04

in a Will	Funer	174 PG-1010 7 - 1 - 1 - 1 - 1 - 1	A STATE OF THE PARTY OF THE PAR	lo Jan	14,10:0
Church Chapel, Graveside		; <u> </u> }	200g	tale	Mortuary.
All Funeral cars must arrive before 3:30 p.r	m. of reg	jular work de	y or an	extra charge of	•
will be applied and billed to undersigned.		8			
Lot 199 Grave 12 Row_		_ Section _	2	_ Division/Bloc	* 12
Grave space & Care Fund	E,	17251	1		<del></del>
Additional spaces and care fund	·····				
Opening/Closing & Setup	Ξ-	1725	4		<del></del>
Burial Container	11				-6
Handling Fees	1(				0
Flower vases - Marker setting fee	·			***************	
Recording and filing fee	E-	1725	J		-6-
Sales taxes					_
		9	Total Du	·	<del>-0-</del>
Pa	id receip	ot number	NI	A	
				Balance due .	0
hereby certify I am the		0		the above nar	ned decedent
and this is your authority to make disposit that I have the right to make this authorizat	ion of re	mains as ab	ove indi- ld Mt. H	cated. I certify a ope Cemetery I	and represent armiess from
any liability on account of said authorization	n and in	terment.	~	31 12	(2)
hereby authorize the interment in lot (		Strature	Q-6	e Atta	ehed
hold under deed.		Ademas			
Signature of recorded holder of deed		SACRET SET			104 hatten-La
		Otr			Zip Code
1-11		200 4 4 4			200
allette		Telephone			
Nous order E 18240		Invoice #_			

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Mortha A C	_Funeral	data, sima We	to whole	1,10:0
tructs Chaput, Bravealde		Rag	dale	Mortuary
if Funeral cans naust entire betom \$:30	p.m. of regule	a work duay or ea	entre charge of \$	
B) be applied and follow to undersigner				-
ot 199 Brave 12 Role	·	Section 2	Owigion/Hock	12
Ingre appeal & Care Fund	E- 1	7254	±	<del></del>
additional spaces and care fund				5
puning/Closing & Salup	and section and a section .	7254	<u> </u>	<u> </u>
urlal Comeiner	11	\{ ************************************		
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lower vacour - Allerter setting live according and filling too	11	1354		<u> </u>
alst 19104		11		<u>~</u>
		Total O	·	<del>-</del>
	Paid receipt r	umber()_	A =	_
	- 2		Retence due 🚅	
hereby certify I am the	Daughte		of the above name	d deceder
and this is your elethority to another diagram and I have the right to make this elethority by teatility on ecocumi of each sufficient	swiften and I a	gree to hold let.	Hope Demelary her	reigne inte
*		THURSON.	1) and	MA
hereby sufficize the interment in lot I old under deed.		1651 Bral	ham St. Apt	#100
	7		CA 92019	- 11 200
	10 to			Z _b Cu
PART PROPERTY OF THE PARTY OF T	C		CARL COLLEGE AND ADDRESS OF THE PARTY OF THE	
outette	7	(619) 6	10-9024	

## MT HOPE CEMETERY (8240

### GRAVE BLIND CHECK FORM

Philips	Chael		
		x	
		Quad	

die die		1 m		200		11-7-27
Blind Che	eck Initiate	 d Ву: [ <del>]</del>	Lulet	ec.	Date:	
Interment	space for	Ma	rtha	A.C	rosby	500
Interment	Date: 1	-14-0	4	Time:	10:06	chapel
Div:_1み	_ Sect:_	<u>2</u> B	Ik/Row:	Lo	t: <u>199</u> d	Gr: _12
Grave La	id out by:	Norm	an tu	ngus	~	- 20
	rith Legal (			□ No	Flage	500
Agrees w	rith Map: [	∃ Yes	A P	No ~	. 5	grave
Blind Che	eck & Ver	ified By:	2/1	13	Date:	<b>-</b>
				1	ROPAL RESIDENCE	

a

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (F	AMILY)	2. DATE OF BIRTH		SEX
Martha		Α.	Cro	sby	02/137/1913	01/12/2004	F
SA. CITY OF DEATH		1000	58. COUNTY	OF DEATH-OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND ZIP CO	DE
San Di				San Diego	Frances Ander	son, Daughter	
		NA-FUNERAL DIRECTOR OR PI		78. CALIF. LICENSE NUMBER	1451 Brabham	Street #1002	
	THE RESIDENCE OF THE PARTY OF T	tuary, 5050 Fe	deral Blvd	1 W 11 A 2 A 4 A 5	El Cajon, CA		
San Diego,		www.		FD-1329	1///	Person lating permit 8B. DATE SIG	
ACKNOWLEDGMENT OF M		acknowledge as applicant that the prop 0376 of the Health and Salety Code, and		in 7100 of the Health and Salety Code.	Jan any	Jell 102/12/21	-
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH F FORMIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE NO DIGHT OF DISPOSAL OUTSIDE OF CAL	CIFIED	01/14/2		LOCAL REGISTRAR ISSUMÓ PE	RMIT
TION REQUIRES A NEW	F BEATH OCCURR	EGISTRAR OF DISTRICT OF ED IN CALFORNA Eds. P.O. Box	85222		AR OF DISTRICT OF DISPOSITION CCUR IN AMOTHER DISTRICT IN CAL		
10. AUTHORIZED DISPO	The second secon	, CA 92186-522	2	i	- L FOR CO	DRONER'S USE ONLY	_
		OTCHARLE HEMS	- Contraction and Contraction	mana and an analysis and a second at	- Programme and the	AND THE RESIDENCE OF THE PARTY	
A. BURIAL (INCLU	DES ENTOMBMENT)			RY ENVAULTMENT		ON PENDING—REMAINS LOCATE I Address)	ED A
B. CREMATION	OF GREMATED REN	MINO OTHER	F. DISINTERN		1805008-808	L/CC003A 503 ()	
THAN IN A CE	METERY	INNO OTHER		CALIFORNIA			
D. SCIENTIFIC US				TO OUTSIDE OF CALIFORN			_
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA CO Cemetery, 3751 O, CA 92102		11B. DATE BUR	HED , 11C. SHONATHRE OF P	ERSON IN CHARGE OF BURIAL	
2		DDRESS OF CALIFORNIA CI	DEMATORY	128 DATE CREM	NATED LEC. SIGNATURE OF P	ERSON IN CHARGE OF CREMAT	CON
CREMATION	12A. NAME AND A	- CALIFORNIA CA	REMAIONT	120, 0110 0101	The state of the	ENGOT BY GIRNGE OF GREAT	loit.
SCIENTIFIC				MAINS 198, DATE REC	CEIVED 19C. SIGNATURE OF P	erson in Charge of Facility	TY
TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			RE 148 DATE SHI	PPED 14C. ADDRESS AND S OF PLACING WITH	GNATURE OF PERSON IN CHAI THE CARRIER	RGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, ENTHEY FINAL PLACE AND CA			ON 15C. SIGNATURE OF P CHARGE OF DISE		RE-

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Dete gun 12, of

You are hereby sethorized and instructed, s	soject to your rules and regulations, to inter the remains
a Jusan U	nduwood 221397
ina DD. Crust	Funeral, date, time Shudo 1/15 2:30
Type of Burjal Coddelp	teatloring of women
Church, Chapel, Graveside 9	O GUANI
All Funeral cars must arrive before 3.000.m	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
20	1.7
Lot All Grove a Bow	Section Division/Black
Con Grave 110w	- 11758
Grave space & Care Fund	£ 11136
Additional spaces and care fund	<b>NAIN</b> -/
Opening/Closing & Setup	
Burial Container	. 418
Burial Container	AN 1 2 2004 375
Handling Fees	
Flower vases - Marker setting (17011)	HOPE CEMETERY 50 ~
Recording and filing fee	HOPE CEMETERY 50°
Sales taxes	3/.40
	Total Due /
<b>-</b> 00	11// 171.6 40
Paid	receipt number
	Balance due
I hereby certify I am the X BROTHE	
and this is your authority to make disposition that I have the right to make this authorization	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
any flability on account of said authorization	and Intergent.
David Underwood	*
hold under-deed - 04P12:01 PAID	XZ4790 BLUE HERDA OT
	Address
Signature of recorded holder of deed	YCANYON LAKE CA 92587
	x 909 2440463
14	Telephone
700	Invoice #
Work Order # E 18241	Acct. #
	JF.
REA-104 (7-96) This inform	nation is available in alternative formats upon request.

O Printed on requise paper

### MT HOPE CEMETERY [1804]

### GRAVE BLIND CHECK FORM

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		Paul	х			Wise
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nterment spanterment Da Div: Grave Laid of Agrees with	Sect:	LUS BI	VIST	Lot: .	2:30 89 c	0

18241 (0-

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAI	AILY)	2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Susan		Gail		Underwood	04/25/1943	MONTH, DAY, YEAR   F
SA. CITY OF DEATH		No.		DEATH-OUTSIDE CALIF.		MAILING ADDRESS AND ZIP CODE
La Mesa			ENTER STA	San Diego	David Underwood,	brother
A. TYPED NAME AND AD	DRESS OF CALIFORN	A-FUNERAL DIRECTOR	OR PERSON ACTING AS SUCH	78. CALIF. LICENSE NUMBER	29790 Bluellenne	<b>a.</b>
Featheringi	11 Mortuar	y	i	—IF APPLICABLE	Canyon Lake, CA	92587 .
6322 El Caj	on Blvd.,	San Diego, (	A 92115	FD1083		Person taking permit   BB. DATE SIGNED
ACKNOWLEDGMENT OF A			re proposed disposition stated hereia is le, and was authorized pursuant to Section		Do Hothung	W 01/12/2004
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE W FORNIA HEALTH AND SAI TY FOR THE DISPOSITION ID NIGHT OF DISPOSAL OUTUBE	FETY CODE I SPECIFIED	98. DATE PERM 01/14/20 3.00 TERM	04 2401022	ocal registrar issuing Permit
ANY CHANGE IN DISPOSE	IF DEATH OCCURRE	EGISTHAR OF DISTRIC ED IN CAUFORNA 22, San Dieg			OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CAUSE	DENBA
10, AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR COF	ONER'S USE ONLY
D. SCIENTIFIC US	SE 11A. NAME AND A	DDRESS OF CALIFORN	IA CEMETERY	Test I a series and a series of		SON IN CHARGE OF BURNA
BUNIAL		iego, CA 921	il Market St. 102	1-15-0	1 - Kenn 1	James 1
CREMATION	12A. NAMÉ AND A	DDRESS OF CALIFORN	IA CREMATORY	128. DATE CREMA	TED 12C. SIGNATURE OF PER	SON OF CHARGE OF CREMATION
1 109-			ANS 138. DATE RECE	IVED TOC. SIGNATURE OF PER	ISON IN CHARGE OF PACILITY	
THANSIT				E 148. DATE SHIPS	PED 14G. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEA FIGURET TO ID	REST POINT ON SHORE ENTIFY FINAL PLACE AN	LINE, OR OTHER DESCRIPTION D CA <u>DISTRICT</u> OF DISPOSITIO	SUF- 15B, DATE OF N DISPOSITION	15C, SIGNATURE OF PER CHARGE OF DISPOS	

### MT. HOPE CEMETERY

### INTERMENT ORDER

REA-104 (7-96)

		GEMETER		020000	
rosed	INTERME		JEK		
LUSECO	City of	San Diego		1-1	2 6
			Date_	- X	2-6
You are hereby authorized and	instructed, subi	act to your rule	s and requ	ations, to in	er the re
	Kues		7273	91	
ina Liner	Fu	neral, date, tin	no Thu	rs Ja	0 15
Type of Burlel Contelner Church, Chapel Graveside			Feath	verina	IL MO
All Funeral cars must arrive bef	ore 3:30 p.m. of	regular work o	lay or an ex	dra cherge o	rs T-
will be applied and billed to und	lersigned				
4			1/2		_
Lot 478 Grave	Row	Section	1	Division/Bit	EX 8
Grave space & Care Fund	D - 20	135			$-\Theta$
Additional spaces and care fun			••••••		-
Opening/Closing & Setup	D3	930	300	<u> </u>	0
Burlai Container	L(	1.1	300	<u></u>	0
Handling Fees	ч	L1			0
Flower vases - Marker setting t	lee				
Recording and filing fee	D - 5	1935			0
Sales taxes		13	·····		-0
			Total Due.		0
	Paid red	eipt number_			
	)		E	alance due	_
I hereby certify I am the and this is your authority to ma	DY			he above na	
that I have the right to make this any liability on account of said	s authorization a	nd I scree to h	old Mt. Hop	se Cornetery	harmles
arry satisfies on account or sale t	TOTAL PORT AIR	W_~_	0	<i>V.</i>	(
I hereby authorize the intermen hold under deed.	t in lot I	Signature		Am	-
		- Little	HH HH	- 2010h	ANO
Signature of recorded holder of deed	•	-	Die	6	42
		7.58	2-2	19-2	XLI
4-16-		Temptone			
aulette Work Order # E 182		Invoice #			. 10

& Printed on recycled paper

This Information is available in alternative formats upon request.

## MT HOPE CEMETERY 18242

GRAVE BLIND CHECK FORM Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space for a 1 of 10 Chairs X Blind Check Initiated By: 4ulete Date: )~)3 Interment space for: Wilma Kuessel Interment Date: 15-04 Time: 11:00 65. Div: 8 __ Sect: 1 __ Blk/Row: ___ Lot: 478 Gr: 1 Grave Laid out by: O NO Do Agrees with Legal Card: Yes Agrees with Map: Yes

Blind Check & Verified By:

F1824270

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	Machie Wiscontestos	2. DATE	OF BIRTH	3. DATE OF DEATH	4. SEX
Wilms	MYTO IN ESTRUMENTALE	Alice	Linear Constitution 1	Kuessel	12723	71917	01/12/2004	F
San Diego			58 COUNTY OF DEATH ENTER STATE	-outside calif.,	6. NAME, RELATION OF INFORMANT	NSHIP, FULL MAIL	LING ADDRESS AND Z	P CODE
A TYPED NAME AND AD	111 Mortuar	A-FUNERAL DIRECTOR OR PERSO Y San Diego, CA 92	N ACTING AS SUCH 7B. CAL	The second secon	Karl Kues 5444 Mt. San Diego 8A SIGNATURE OF	Bigelow CA 921	Dr.	TE SIGNED
ACKNOWLEDGMENT OF A	PPLICART   I hereby a	chrowledge as applicant that the proposed of 376 of the Heelth and Solida Ecde, and was as	isposition stated herein is one of the Monitor pursuant to Section 7100 of the	dispositions authorized by Health and Sahely Gode.	1 Tes	they	el 01/1:	2/2004
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROV ORNIA HEALTH AND SAFETY COD BY FOR THE DISPOSITION SPECIFIE DISMIT OF DISPOSAL DUTSEE OF CALFORNIA	E D	01/14/20	2401		al Registrar Issuir	NG PERMIT
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW HINAL DISPOSITION.	IF DEATH OCCURRE	22, San Diego, C	i # 0	RESS OF REGISTRAF ISPOSITION IS TO OCC	OF DISTRICT OF D		••	_
B. CREMATION C. DISPOSITION THAN IN A CT	OF CREMATED REM		E. TEMPORARY ENVA  F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS!	ANIA		NOT LEVEL TO SECOND	NER'S USE ONL ENDING—REMAINS L' Iresa)	
BURIAL		coress of California CEME CAMPETERY, 3751 Ma CA 92102		118. DATE BURIE	1 1/	WAE OF PERSO	ON IN CHARGE OF B	URIAL
CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREM	ATORY	128. DATE CREMA	TED 12C SIGNAT	URE OF PERSO	CHARGE OF CR	EMATION
SCIENTIFIC USE	TESTERIOR SEL			138. DATE RECE	IVED 13C. SIGNAT	URE OF PERSO	ON IN CHARGE OF F	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPP		SS AND SIGNAT NCING WITH THE	Ture of Person in Carrier	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR NYTHY FINAL PLACE AND CA <u>DIS</u>		15B. DATE OF DISPOSITION		ure of Perso E of Dispositi	ION   OF CREA	MATED RE- DISPOSER

#### MT_HOPE CEMETERY

### INTERMENT OFFE

MIENMENI OND	EN
City of San Diego	part Jun. 1d, of

	7	Service Control of the Control of th	•	
521	The strain of the strain of the	CEMETERY	Establish (	
Jal 1	INTERME	NT ORDE	R	
aug	City of	San Diego		.1 6
100			Date Jun	. 1d, 04
Bartines in promise or the saving may be		227	375	/
You are hereby authorized a	nd instructed, subje	ct to your rules an	of regulations, to it	nter the remain
of	orial	Caring	0001	
in a Type of Build Contain	Fur	neral, date, time _		50000
Church, Chapel, Graveside			num constant de	Mortual
All Funeral cars must arrive	before 3:30 p.m. of	regular work day o	or an extra charge	of \$
will be applied and billed to u	undersigned			
1000 1	10			10
Lot Grave	Row	Section	Division/B	leck_
Grave space & Care Fund	***************************************			1095
Additional spaces and care t	lund			
Opening/Closing & Setup				413
Opening/Closing & Setup Burial Container	PA	IU		275
Handling FeesFlower vases - Marker setting				204
Flower vases - Marker settir	JAN 1	2 2004		5.000
				ZA
Recording and filing fee Sales taxes	MOUNT HOPE	CEMETER	ΙΥ	21.3
		Total	al Due	20583
	Poid rec	elpt number	1/10 .	2058.3
	_ /_		Balance due	A
	Bull	ist.	addated of Arasi Mayor A	
I hereby certify I am the	make disposition of	remains as above	of the above reindicated. I certif	fy and represe
that I have the right to make any liability on account of sa	id authorization and	interment.	Mt. Hope Cameter	y harmless fro
A-BG Johnn	I CONTO	Let Alan	00	
I hereby authorize the interm hold under deed.		TOTAL .	41945	Migue
01-12-04P	02:15 PAID	Asidresa	1-0	100
The second secon		XOD		13113
Digrattire of opported holder of dead		City		
Rignature of seconded holder of sead		200	364 8	5457
Agmillion of accordant holder of stand	<u>-</u> 5	(OKG)	264 8	5457
Work Order # E 18	017	Invoice #_	264 8	5457

### WE WITH CHARGE Date 1-13-00 nd instructed, subject to your Church, Chepel Graveside All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot 5/3/ Grave Grave space & Care Fund ...... Additional spaces and care fund ..... Opening/Closing & Setup..... Burial Container.....

Flower vases - Marker setting fee 

Paid receipt number

Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of regaline as above indicated. I certify and regresent

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 luterry

I hereby authorize the interment hold under deed.

of recorded holder of dead

lette 18244

Invoice # Acct. #

This information is available in alternative formats upon request.

REA-104 (7-96)

AT NOW

O Printed on respeled paper

### MT HOPE CEMETERY F 18244

### GRAVE BLIND CHECK FORM

ie buria	al space.		1	X -	De	ep
		(1)X	2/20	man.	===	
	Knym	Burrett	y x	Palestin		
24						
		ted By: $\frac{\varphi}{2}$		VA -		-14-0
		131		gelug	7	DY!
ntermer	nt space f	131	nas	Zelug		DY!
ntermer	nt space fo	or: <u>Tho</u> n -16-	104	Selection 1	0:00	Cr.
ntermer ntermer	nt space for the contract of t	or: <u>Tho</u> n -16-	NOS 04 k/Row:	Zelug	0:00	Cr.

E18244

USE BLACK INK ONLY - MAKE NO FRASURES, WHITEOUTS OR OTHER ALTERATIONS 1B. MIDDLE 4 SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 0372271956 0170872004 THOMAS JOHN ZHLUFF M 5A. CITY OF DEATH 5B COUNTY OF DEATH - OXITSIDE CALLE TO NAME BELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT MANZANTLLO MEXICO RENEE DOYLE (NIECE) 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 7142 ASTORIA STREET - IF APPLICABLE MERKLEY-MITCHELL MORTUARY SAN DIEGO, CA 92111 3655 FIFTH AVENUE, SAN DIEGO, CA 92103 FD 119 8A. SIGNATURE OF APPLICANT—Person taking permit: 8B. DATE SIGNED Thereby advicededge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 (10 01/16/2004 ACKNOWLEDGEMENT OF APPLICANT of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code SA AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 01/16/2004 2401325 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-\$13.00 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF ROSE M. ZULLO NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -P.O. BOX 85222 ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5422 DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTOWBMENT) I DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F DISINTERMENT C DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CAUFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY BURIAL 3751 MARKET STREET, SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 138 DATE RECEIVED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC HISE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B, DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A ADDRESS NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION 15B DATE OF 15C SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION CREMATED REMAINS DIS-POSER - IF APPLICABLE " AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

01	
06,	0
10	
	ee.

of	ma Flores 227432	
in a	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before	re 3:30 p.m. of regular work day or an extra charge	of \$
will be applied and billed to under	rsigned.	
Lot 204 Grave 3	_ Row Section 2_ Division/E	
Grave space & Care Fund	-410	985.00
Grave space & Care Fund	PAID	_
Burial Container	JAN 1 3 2004	
Handling Fees	CEMETERY	
Flower vases - Marker setting fe	. MOUNT HOPE CEMETERY	
NOV 1 4 2005	Total Due	985.00
- Table 2	Paid receipt number R -57087	246.25
MOUNT HOPE CE	Salu R-57403	738.75 Bel &
I hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said au	e disposition of females as above indicated. I certi	named decedent fy and represent ry harmless from
I heraby authorize the Interment hold under deed.	620 Omeara	S+
Signature of recorded holder of deed	Address S. D. CA 92 Cay (619) 264-3 Telephohe	114 986 2000
Work Order # E 182	4.5 Accl. #	
REA-104 (7-98)	This information is available in alternative format	ts upon request.

& Printed on respeled paper

E-	-182	256	6 W. Clevi	land st. San	Bern	ura	lino, c	A. 92	410	
FLOR	s,	IRMA -626	Omeara Street,	San Diego CA 9	2114	(6	19) 264-	3986 CRED	T	BALANCE
1/13/	<b>4</b> c	pened pre-need	d lot account. I	Oown Payment of			985.00			985.00
Million Control	C. H. L.	Charles and the Control of the Control		ON 2 LOT 204 GR	AVE 3			24	6.25	138.75
2-3	04	Payment	no Coupon	R-5716U				13	18	767.97
3-7	Of	0 11	v	56200	200	Ni	11	3x		67719
4-7	04		r	57411	00 10	11,	'//	4	9-	63719
5-5	d	, w	W.	57514	10	1	99	14	9-	199719
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9-3	04	, "		57974,				14	5 -	47719
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11-1	1-05	"	NOV. E.C.	R-59403				8217	.19	10
	-		NOV ! 4	2005						
			MOUNT HOPE	Cemertifi	0					

### MT. HOPE CEMETERY INTERMENT ORDER

	-	3-01	
Date	A. Carrie	0 04	

		MT. HOP	E CEMETERY	
		STATE OF THE PARTY OF THE PARTY.	ENT ORDE	3
	-4	STATES THE STATES AND	San Diego	
At P	المنك	City di	Sell Diego	Date 1- 13-04
AC '				Date
You are he	ereby authorized a	nd instructed, subj	ect to your rules and	regulations, to inter the rema
of	Kathlee	en B.C	amphell	
ina	Type of Busiel Contain	F1	ineral, date, time	and the state of t
Church, C	hapel, Graveside		;_R	agsdale Mortus
All Funera	l cars must arrive t	petore 3:30 p.m. of	regular work day o	an extra charge of \$
will be app	olled and billed to u	ndersigned.	158	
Lot	Grave	Row	Section	Division/Block
Grave spa	ace & Care Fund			
Opening/(	Closing & Setup			
B	1075			
cent conv	12-22-0			
- 3				
	and filing fee			
1-33/1003/62889000-8	3 <b>6</b> i,			
		110		1 Due
	)	Delet co	ceipt number	
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				U SANCERSKING VICE MARKETS SERVER
	15024664784552055			
and this is that I have	sertify I am the s your authority to s the right to make ty on account of sa	this authorization	of remains as above and I agree to hold it	of the above named decad indicated. I certify and repres it. Hope Cemetery harmless fr
and this is that I have any liabilit	s your authority to sine right to make ty on account of sa	this authorization and authorization and	of remains as above and I agree to hold it id interment.	indicated. I certify and repres
and this is that I have any liabilit I hereby a	s your authority to sine right to make ty on account of sa suthorize the interm	this authorization and authorization and	of remains as above and I agree to hold it id interment.  X Signature	indicated. I certify and repres
and this is that I have any liabilit I hereby a hold unde	s your authority to sithe right to make ty on account of sa authorize the intern ir deed.	this authorization and authorization and	of remains as above and I agree to hold in id interment.  X  Signature  Addings	indicated. I certify and repres
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and this is that I have any liabilit I hereby a hold under Signature of re-	s your authority to set the right to make ty on account of sa authorize the interm or deed.	this authorization and authorization authorization and authorization and authorization aut	of remains as above and I agree to hold it id interment.  X Signature Address City Talaptons	indicated. I certify and repres it. Hope Cemetery harmless fr
and this is that I have any liabilit I hereby a hold under Signature of the	s your authority to sithe right to make ty on account of sa authorize the intern ir deed.	this authorization and authorization authorization and authorization and authorization aut	of remains as above and I agree to hold it id interment.  X Signature Address City Talaptons	indicated. I certify and repres it. Hope Cemetery harmless from

### MT. HOPE CEMETERY INTERMENT ORDER

REA-104 (7-98)

	MT. HOPE CEMETER		
At Need	NTERMENT ORD	ER	
Charles	City of San Diego		
a Need		Date_1-13	1-04
H 1			
You are neredy authorized and	instructed, subject to your rules	and regulations, to li	nter the remains
of Nativica	1	Friday	an 16 11
Yype of Buriel Container		ags dale	
Church Chapel, Graveside  Ne w Creach of All Funeral cars must arrive before		cagaaa	Mortuary.
		sy or-an extra charge	01\$ 104.
will be applied and billed to unde	ersigned		
Lot 164 Grave/	DAID	/ Division/8	-/2
	- HOW PARD	Unision/B	GOEAN
Grave space & Care Fund			192.00
Additional spaces and care fund	JAN 1.3 2004		7770
Opening/Closing & Setup			4/3.00
Burial Container	MOUNT HOPE CEM	E I EHY	204.00
Handling Fees			16000
Flower vases Marker setting f	OF (RION UAS)	<u> </u>	51.63
Recording and filing fee			50.00
Sales taxes			16,20
	\	Total Due / 8849	31833.8
1	Paid receightromber 2	naster Cus	18364.
	00/	Balance du	· 0 P
I hereby certify I am the	and Ill som	of the above	named decedent
and this is your authority to ha that I have the right to make this	ke disposition of remains as a	ove indicated. I certi	fy and represent
any liability on account of said a	uthorization and interment.		/
I hereby authorize the interment	things VALTRA	edo N. CAM	106011
hold under deed.	. 892	8 CAMINO	CAGO VISTA
	Address	g VAlley C	CA9/977
Bignature of recorded holder of deed	City	9 0 11 1 -	Zip Code
102	Telephone		
Work Order # E 182	Invalor de		
Work Order # E 182	17 Invoice #_		
Work Order # 10 Z	4 / Acct. #		

This information is available in alternative formats upon request.

### MT HOPE CEMETERY 18247

### **GRAVE BLIND CHECK FORM**

				Edusard	D	
	Bugar,	MASSEY	x			
				Christi	or ficaso	Rosena
	<u> </u>			<u>L.</u>		
Interment	t space fo	ted By: <u>  (</u> or: <u>  Ka H</u>	Neev	Can	nobe	1-14 Church
Div: 12	_ Sect:	BII	k/Row: _	Lot:	164 0	Gr:_/_
Grave La	aid out by	: Norma	an ben	6-	_	
Agrees w	rith Lega	Card: 🕱	Yes	J No /	100	Run
Agrees w	vith Map:	12 Yes		Nº/ (2)	Land	alon
Blind Ch	eck & Ve	erified By	K-6	+D	////Bate	V. 104

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMIL	n	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Kathleen	Blache	Campbell		12/14/1921 01/12/2004 F
SA. CITY OF DEATH	ional City	58. COUNTY OF E	San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Alfredo N. Campbell, Son
7A. TYPED NAME AND AD	DRESS OF CALIFORNIA—FLINERAL DIRECTOR OR PELAGED TO SOUTH OF THE PERSON			8928 Camino Lago Vista Spring Valley, CA 91977
San Dieg	o, CA 92102	1.7	D-1329	BA. SIGNATURE OF APPLICANT—Ferson taking permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF A	PLICANT I hereby acknowledge as applicant that the propose Section 10076 of the Health and Satistic Code, and we			► Hantandure 101/13/200
AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PI SIONS OF THE CALIFORNIA HEALTH AND SAFETY O AND IS THE AUTHORITY FOR THE DISPOSITION SPEC IN THIS PERMIT.  NOTE: THIS PERMIT GIRES NO NIGHT OF REPOSAL OUTSIDE OF CALIF	CODE RFIED	98. DATE PERM 01/15/2 B. Camp	THE PLANTS AND THE PROPERTY OF THE PARTY OF
The second secon	9D. ADDRESS OF REGISTRAR OF DISTRICT OF IF DEATH OCCUMED IN CALFORNIA Vital Records, P.O. Box 8	2,000	ADDRESS OF REGISTRA	R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFCRINA
	San Diego, CA 92186-5222 OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE 11A. NAME AND ADDRESS OF CALIFORNIA CE	METERY	LIFORNIA DUTSIDE OF CALIFORNIA 11B. DATE BURI	
BURIAL	Mt. Hope Cemetery, 3751 Sen Diego, CA 92102	Market Street	11-16-00	1 X 1+ Yung
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CR	EMATORY	128. DATE CREMA	TED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAIN	IS 138. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATI REMAINS OR CREMATED REMAINS ARE TO -		14B. DATE SHIPS	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, FICIENT TO IDENTIFY FINAL PLACE AND CA		F- 15B. DATE OF DISPOSITIO	N CHARGE OF DISPOSITION 150 LICENSE NUMBER OF CREMATED RE-MAINS DISPOSER —IF APPLICABLE

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

E-18247

Atud

### MT. HÖPE CEMETERY INTERMENT ORDER

City of San Diego

Date Open . 13 04

You are hereby authorized and instructed,	^	ter the remains
a Jacob 1	raigues sons	14
ina Junes	Funeral, date, time	11:00
Church, Chapel, Graveside	garleig:	Mortuary.
All Funeral cars must arrive before 300 p.r		of \$
will be applied and billed to undersigned		
Lot 63 Grave 2 Row_	Section Division/Bi	00x =
Grave space & Care Fund		783
Additional spaces and care fund		
Additional spaces and care fund  Opening/Closing & Setup	DAID	413
Burlal Container	PAID	209-
Handling Fees	7.88.0.00	160
Flower vases - Marker setting fee	AN 1 3 2004	
Recording and filling fee	~	50-
Recording and filing fee	HOPE CEMETERY	(6-50)
	Total Due	183300
Pai	d receipt number R57088	1833,00
VIha	dy , Prancie Balance due	2
X Name	11/1/	
I hereby certify I am the	on of remains as above indicated. I certify ion and I agree to held Mt. Hope Cemeter	amed decadent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	yes & Shar Hay	<u> </u>
01-13-04P01:31 PAID	X3355 Willie to	anc Jones
	SON Duran	20 Code 97 1/3
Vana	Telephone 19-264-1949	1011
4000	Invoice #	
Work Order # E 18248	Acct. #	

### MT HOPE CÉMETERY E 18248

### GRAVE BLIND CHECK FORM

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					10	
			X	Wilson		
		enduson		Savda		
		1				
Blind Che	ck Initia	ated By:	Ran		_ Date:	1/13
Interment	space	for pea	7 ac		7.7.7	
Interment	Date:	Fil'1	16	Fime:	11:0	<u></u>
Div: b	Sec	t: Bik	/Row: _	Lot: _	63 G	ir: <u>2</u>
Grave La	id out b	Alorman	Ferge	un		
Agrees w	ith Lega	al Card: 🗆 Y	es [	J No J	ag on	
Agrees w	ith Map	: 🗆 Yes	I	40	grav	e
Blind Che	eck & V	al Card: OY : OYes /erified By:	)ARKE	X/	_ Date:	1-14-04

E-18248 44

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

Jacob	T—FIRST (GIVEN)	18. MIDDLE Jide	Maques			THE OF DEATH 4. SEX
SA. CITY OF DEATH		ALEXANDER OF	58. COUNTY OF DEAT	H-OUTSIDE CALIF.	B. NAME, RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CO
San Diego			San Diego	)	San Diego County Me	dical Evamine
A. TYPED NAME AND ADD	RESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH , 7B. CA	LIF. LICENSE NUMBER	5555 Overland Avenu	
Bishop Mor	tuary			FAPPLICABLE	San Diego, CA 92123	
3444 Citru	s Street,	Lemon Grove, CA	91945 FE	-1673	BA. SIGNATURE OF APPLICANT—Person to	
ACKNOWLEDGMENT OF APPL	Thereby a	chnowledge as applicant that the proposed disp 376 of the Health and Salety Code, and was author	oution stated herein is one of the	dispositions authorized by the Health and Safety Code	· Dul	01/15/2004
	HIS PERMIT IS ISSE	ED IN ACCORDANCE WITH PROVI-	SAME OF THE OWNER, WHEN PARTY OF THE OWNER, WH	CONTRACTOR OF THE PARTY OF THE	T ISSUED, 9C. SIGNATURE OF LOCAL R	EGISTRAR ISSUING PERMIT
A	ND IS THE AUTHORIT	ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED	2000 - CO-		<u> Salatan kalingan kata kanan katan kata</u>	G-MAIN PROPERTY AND ACTION OF
	THIS PERMIT.	D RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$13.00	81/1372	2401178	
	. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEATH			R OF DISTRICT OF DISPOSITION-	
TION REQUIRES A NEW	IF DEATH OCCURRE		(#)	DISPOSITION IS TO OCC	TUR IN ANOTHER DISTRICT IN CALIFORNIA	
The state of the s	an Diego.	California 92186-	-5222			
O. AUTHORIZED DISPOS					FOR CORONER	R'S USE ONLY
X A. BURIAL (INCLUD	ES ENTOMBMENT)	F	E. TEMPORARY ENV	AULTMENT	CI I DISPOSITION PEND	ING-REMAINS LOCATED A
B. CREMATION	2,7,700,000,000,000,000	ñ	F. DISINTERMENT	CHE HOLD COMPANY	(Name and Address	
C. DISPOSITION OF	CREMATED REM	AINS OTHER	G. SHIP IN TO CALIF	DOMA	AREA FAMOUNCATED A TROP STANDA	
D. SCIENTIFIC USE		F	H. TRANSIT TO OUTS			
D. BUIERTIFIC USE			_ IL THANSIT TO COTS	DIDE OF CALIFORNIA		
1	1A NAME AND AL	DRESS OF CALIFORNIA CEMETER	gy	118. DATE BURN	ED   11C. SIGNATURE OF PERSON II	Y CHARGE OF BURIAL
Tarrestation (1)				UNIO COMPANDA PARA PARA PARA PARA PARA PARA PARA PA	CONTRACTOR OF THE RESIDENCE OF THE SECOND PROPERTY OF THE SECOND PRO	
BURIAL	Mt. Hope	Cemetery, 3751 Ma		UNIO COMPANDA PARA PARA PARA PARA PARA PARA PARA PA	11 1 -	/
BURIAL	Mt. Hope			UNIO COMPANDA PARA PARA PARA PARA PARA PARA PARA PA	4 Sum F	lamore
	Mt. Hope San Dieg	Cemetery, 3751 Ma	arket Street,	UNIO COMPANDA PARA PARA PARA PARA PARA PARA PARA PA	TED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
CREMATION	Mt. Hope San Dieg 2A. NAME AND AD	Cemetery, 3751 Ma o, CA 92102 DDRESS OF CALIFORNIA CREMAT	arket Street, ORY	1-16-0	. /	
CREMATION	Mt. Hope San Dieg 2A. NAME AND AD	Cemetery, 3751 Ma o, CA 92102	arket Street, ORY	1-16-0	IVED 12C. SIGNATURE OF PERSON IN	
CREMATION	Mt. Hope San Dieg 2A. NAME AND AD	Cemetery, 3751 Ma o, CA 92102 DDRESS OF CALIFORNIA CREMAT	arket Street, ORY	1-16-0	. /	
CREMATION 1 SCIENTIFIC USE	Mt. Hope San Dieg 2A. NAME AND AC 3A. NAME AND AC	Cemetery, 3751 Ma Do, CA 92102 DDRESS OF CALIFORNIA CREMAT DDRESS OF CALIFORNIA FACILITY	arket Street, ORY RECEIVING REMAINS	1-16-0 128, DATE CREMA 138 DATE RECE	IVED 19C. SIGNATURE OF PERSON R	N CHARGE OF FACILITY
CREMATION 1 SCIENTIFIC USE	Mt. Hope San Dieg 24. NAME AND AD 34. NAME AND AD	Cemetery, 3751 Ma o, CA 92102 DDRESS OF CALIFORNIA CREMAT	ORY RECEIVING REMAINS COUNTRY WHERE	1-16-0	IVED 19C. SIGNATURE OF PERSON R	N CHARGE OF FACILITY
CREMATION 1 SCIENTIFIC USE 1 TRANSIT	Mt. Hope San Dieg 2A. NAME AND AD 3A. NAME AND AD 4A. NAME AND AD REMAINS OF	Cemetery, 3751 Ma D, CA 92102 DDRESS OF CALIFORNIA CREMAT DDRESS OF CALIFORNIA FACILITY DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE	ORY RECEIVING REMAINS COUNTRY WHERE SHIPPED	128, DATE CREMA	PED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	N CHARGE OF FACILITY  OF PERSON IN CHARGE RRIER
CREMATION  SCIENTIFIC USE  TRANSIT  SCATTERING AT SEA OR DISPOSITION OTHER	Mt. Hope San Dieg 2A. NAME AND AC 3A. NAME AND AC 4A. NAME AND AC 6A. ADDRESS, NEA	Cemetery, 3751 Ma o, CA 92102 DDRESS OF CALIFORNIA CREMAT DDRESS OF CALIFORNIA FACILITY	ORY RECEIVING REMAINS COUNTRY WHERE SHIPPED	1-16-0 128, DATE CREMA 138 DATE RECE	PED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	N CHARGE OF FACILITY  OF PERSON IN CHARGE RRIER
CREMATION  SCIENTIFIC USE  TRANSIT  SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	Mt. Hope San Dieg: 2A. NAME AND AC  3A. NAME AND AC  4A. NAME AND AC  6A. ADDRESS, NEAFICIENT TO IDE	Cemetery, 3751 Ma  DO, CA 92102  DORESS OF CALIFORNIA CREMAT  DORESS OF CALIFORNIA FACILITY  DORESS IN RECEIVING STATE OR  CREMATED REMAINS ARE TO BE  REST POINT ON SHORELINE, OR OT  NTIFY FINAL PLACE AND CA DISTRI	ORY  RECEIVING REMAINS  COUNTRY WHERE SHIPPED  HER DESCRIPTION SUF-	128. DATE CREMA  138. DATE RECE  148. DATE SHIPP  158. DATE OF DISPOSITION	PED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	N CHARGE OF FACILITY  OF PERSON IN CHARGE RRIER  1 15D. UCENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE
CREMATION  SCIENTIFIC USE  TRANSIT  SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY  COPY 1 OF THE	Mt. Hope San Dieg: 2A. NAME AND AD  3A. NAME AND AD  4A. NAME AND AD  6A. ADDRESS, NEAFFICIENT TO IDE  PERMIT ACCOUNTY	Cemetery, 3751 Ma  D, CA 92102  DDRESS OF CALIFORNIA CREMAT  DDRESS OF CALIFORNIA FACILITY  DDRESS IN RECEIVING STATE OR  CREMATED REMAINS ARE TO BE  REST POINT ON SHORELINE, OR OT  NTIFY FINAL PLACE AND CA DISTRI	ORY  RECEIVING REMAINS  COUNTRY WHERE SHIPPED  THER DESCRIPTION SUF-	12B. DATE CREMA  13B. DATE RECE  14B. DATE SHIPP  15B. DATE OF DISPOSITION	PED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	OF PERSON IN CHARGE RRIER  15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE  DEP DISPOSITION IS
CREMATION  CREMATION  SCIENTIFIC USE  TRANSIT  SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY  COPY 1 OF THE RESPONSIBLE FO	Mt. Hope San Dieg: 2A. NAME AND AD  3A. NAME AND AD  4A. NAME AND AD  4A. NAME AND AD  FICIENT TO IDE  PERMIT ACCOUNT  PERMIT	Cemetery, 3751 Ma  D, CA 92102  DDRESS OF CALIFORNIA CREMAT  DDRESS OF CALIFORNIA FACILITY  DDRESS IN RECEIVING STATE OR  CREMATED REMAINS ARE TO BE  REST POINT ON SHORELINE, OR OT  NTIFY FINAL PLACE AND CA DISTRI	ORY  RECEIVING REMAINS  COUNTRY WHERE SHIPPED  THE DESCRIPTION SUF- CT OF DISPOSITION  THE STATED PLACEMENT WITHIN 10 DAY	128, DATE CREMA  138 DATE RECE  148. DATE SHIPP  158, DATE OF DISPOSITION  S OF DISPOSITION	PED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	OF PERSON IN CHARGE RRIER  110. UCENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE  DE DISPOSITION IS DISTRICT IN WHICH

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 Jar	13.8004
You are hereby authorized an	d instructed, subject to you	or rules and regulations,	to inter the remains
a LORENZO		CASTON	1 0 315
ina ASH VAUIT	Funeral, da	te, time 1005, 164	2004
Church, Chapal Creveside		Gudaluf	and their
All Funeral cars must arrive be	efore 500 p.m. of regular v	work day or an extra cha	9333 me of \$
will be applied and billed to un	300		
Lot 74 Grave 8	Row Se	ction Divisio	n/Block 12
Grave space & Care Fund	under	nockes	<u> </u>
Additional spaces and care fu	TOTAL CONTRACTOR OF THE PARTY O	1760')	
Opening/Closing & Setup	F 273.		11Ce -
Burial Container			<u>(el-</u>
Handling Fees			(060-
Flower vases - Marker setting	100 JAN 1 3 ZUUT	·····	1111111
Recording and filing fee	vivie mode of V	STERY	
Sales taxes			4.13
		Total Due*	297.73
	Paid receipt num	iber [/lbu	297.73
~	.1	Balance	due
I hereby certify I am the	#1/91	outer of the abo	we named decedent
and this is your authority to m that I have the right to make th	nie authorization and I agra	e as above indicated. I de se to hold Mt. Hope Cem	entify and represent
any liability on account of said		ont.	9 /
I hereby authorize the interme		Con Can C	Busines
hold under delea U41 U1 -	X	10305 Aquille	X. U
Signature of recorded holdered deed	30	Calleide Ca.	92080
Espect Fan	_ 1	(19) 596.1	752 Za Cook
_ 10/	O A O Invo	ice /	
Work Order # E 18	249	. •	
REA-104 (7-98)	This information is av	aliable in alternative for	mets upon request.

W delfina MT HOPE CEMETERY E-18249

### GRAVE BLIND CHECK FORM

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	The state of the s	Weir			
	Buell	x	Egaran		
	Heles	benke	Hiles		
		1			
Blind Check Ini Interment space Interment Date:	e for: Lo	eny	Cont		uston &
Div: 12 Se	•		(s)		100
Grave Laid out	by:/l/c	12	or ;		
Agrees with Le	gal Card: 🗖	Yes [	J No	Jag	ngave
Agrees with Ma		DI	Na	0 -	nave
Blind Check &	Verified By:	KEVIN		Date:	J

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF B	BTH 3 DAT	E OF DEATH	4. SEX
LORENZO -			MONTH DAY		24/1996	2000		
SA. CITY OF DEATH  TA. TYPED NAME AND A	CARON DORESS OF CALIFORN	IA - FUNERAL DIRECTOR OR PERSON	: — IF AF	LICENSE NUMBER PLICABLE	6. NAME, RELATIONSHI OF INFORMANT DELETINA CORT 343 WEST PAL EL CAJON, CA, 8A. SIGNATURE OF APPL	P, FULL MAILING  BZ WIFE  M VARE A  92020	ADDRESS AND	¥
ACKNOWLEDGEMENT OF	Annu Maker   I hereby actor	p DE 1 VE contedge as applicant that the proposed disposition and Salety Code, and was authorized pursuant to S	stated herein is one of the depositions aut	horized by Section 103055	Me lia	resolution	5.1.1	/2004
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITIO	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$13.00	98. DATE PERMIT JOSE CHI 01/21/200	2401569	OF LOOK REGIST	HAR ISSUING PE	RMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION	VITAL RECO	EGISTRAR OF DISTRICT OF DEATI RED IN CALIFORNIA RDS, P.O. BOX 8522 CA. 92186-5222	IF DIS	ESS OF REGISTRAR	OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CAL			•
AUTHORIZED DISPO      B. CREMATION     C. DISPOSITION OF THAN IN A CEME     D. SCIENTIFIC USE	CREMATED REMAINS		E. TEMPORARY ENVAULTN F. DISINTERMENT  G. SHIP IN TO CALIFORNIA  D. TRANSIT TO OUTSIDE O	Saran.		FOR CORONOR SITION PENDING — and Address)	sit ottomiotikannentusain	TED AT
BURIAL		DORESS OF CALIFORNIA CEMETE B CEMETERY, 3751 M , CA, 92102		/-22-0	, //	OF PERSON IN C	CHARGE OF BU	JRIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMA	ATED 12C. SIGNATURE	12C. SIGNATURE OF PERSON ON CHARGE OF CREM		
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B, DATE RECEIV	VED 13C. SIGNATURE	D 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148, DATE SHIPPS	THE RESERVE TO A SECOND PARTY OF THE PARTY O	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OF DIDENTIFY FINAL PLACE AND CA SEA, <u>ONLY</u> ENTER LATITUDE AND I	DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE CHARGE OF	OF PERSON IN DISPOSITION	15D. LICENSE CREMATED R POSER — IF	

# Africa

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Det Jan. 13 04

200	413 V	<b>f</b> 8
You are hereby authorized and instructed, subject		inter the remains
a Vernue m	1. Deuxon-	Group
ina TS Vault Funer	el, date, time Uto 12	1 13.00
Type of Burlel Container Church, Chapel, Graveside	- Encenux	Mortuary.
All Funeral cars must arrive before the p.m. of reg	ular work day or an extra char	ge of \$
will be applied and billed to undersigned.		
Low / Row	_ Section Division	VBIOCK ( )
Grave space & Care Fund	C 359	
Additional spaces and care fund		
Opening/Closing & Setup	- <b>I</b> -A	43-
Burial Container	NIV	<u> 275</u>
Handling Fees	?~300t	204
Flower vases - Marker setting fee	2 2007	
Recording and filing fee MOUNT HOPE	CENE	
Sales taxes	· VLML	JU-31
	Total Due	9/03.3
Paid receip	ot number U3a	963.31
	Balance	due O
I hereby certify I am the W LORD	1 of the obay	e named decedent
and this is your authority to make disposition of re	mans as above indicated. I co	artify and represent
that I have the right to make this authorization and any liability on account of said authorization and in	I agree to hold Mt. Hope Ceme terment	stery harmless from
Elbert Blay	x Patrices	K
I hereby authorize the interment in lot I hold under deed.	Signature	
01-13-04P02:11 PAID	Applicant - 2 - M - 2 - 2 - 2	1760
Stampane at provided holder of deed	C530 ALIAIK	d - Zh Code
Hem	RSAN DIEGO	JA 92120
- 40050	invoice #	
Work Order # E 18250	Acct. #	

REA-104 (7-96)

This information is available in alternative formats upon request.

### MT HOPE CEMETERY (-18250

### GRAVE BLIND CHECK FORM

		work		Ver	oll -	
	Bayel	Harrington	X		Pavient	د
		VanNus	Russell	Angellu		
nterment	space fo	ted By: or:	inie	e 6	/ \	
oiv:rO	_ Sect:	BIK	VRow:_	Lot:	- Anna Tribi	- VI
		: Norme		7.00	-	
grees w	ith Legal	Card: 12 Yes	es (	ON C	play!	MIN.
grees w	ith Map:	Ø Yes		No /	1	June
lind Che	eck & Ve	erified By:	Kar	And	Date:	1-18-0

E18250

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

		SE DETOK IN OIL	minute ino cristoo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	incoord on c		CIEIMIIONO		
IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC, LAST OF				2. DATE OF BIRTH	3. DATE OF DEAT	
MERNICE		MARIE	G	RAY		and the contraction of the contr	8871771927	817117208	F
SA. CITY OF DEATH			58. COUNTY ENTER S	TATE	OUTSIDE CALIF.,		RELATIONSHIP, FULL M.		ZIP CODE
SAN DIEGO			ENIEN	SA	N DIEGO	The state of the state of	RT GRAY-HUS	BAND	
GREENWOOD	DORESS OF CALIFORN	I-805 & IMPER SAN DIEGO, CA			LICENSE NUMBER APPLICABLE 843	SAN	DIEGO CA 92		ATE DICTION
ACKNOWLEDGMENT OF AP	I I hereby	acknowledge as applicant that the prop	esed disposition stated herein i	ose of the di	spositions authorized by	BA. SIGN	ATURE OF APPLICANT—P	250 W 10 250 W	16/200
ACAMUMILEUGAEM) OF AP	Section 10	1376 of the Health and Safety Code, and						THE RESERVE THE PARTY OF THE PA	
	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH F FORMIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE ID HIGHT OF DISPOSAL OUTSIDE OF CAL	CODE S13	.00	01/16/2 K JOS	004	9C. SIGNATURE OF LOG 2401303	CAL REGISTRAR ISS	UING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX						RICT OF DISPOSITION— OTHER DISTRICT IN CALIFOR	RNIA	
IO. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS	53	00.0			FOR COR	ONER'S USE OF	ILY
B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL	SE 11A. NAME AND A	DDRESS OF CALIFORNIA CO	EMETERY	O CALIFOR	NIA E OF CALIFORNIA 11B. DATE BURB	ED   110	C. SIGNATURE OF PERS	3	BURIAL C
CREMATION	SAN DIEGO 12A. NAME AND A	CA 92102 DDRESS OF CALIFORNIA CI	REMATORY		128. DATE CREMA		C. SIGNATURE OF PERS	CHARGE OF	CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	ACILITY RECEIVING RE	MAINS	13B. DATE RECE	EIVED 13	C. SIGNATURE OF PER	son in Charge of	FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			RE	14B. DATE SHIP	PED 144	C. ADDRESS AND SIGN. OF PLACING WITH TI		IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		VREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA			15B. DATE OF DISPOSITIO		C. SIGNATURE OF PERS CHARGE OF DISPOS	THON   OF C	ISE NUMBER REMATED RE- S DISPOSER APPLICABLE

DA VIOLAN 9551.649 531. MT. HOPE CEMETERY City of San Diego You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains talmer 11:00 Funeral, date, time e Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before \$100 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. 42 Grave_ Grave space & Care Fund ..... Additional spaces and care fund Opening/Closing & Setup..... Burlal Container.... Handling Fees ..... Flower vases - Marker setting fee ...... Sales taxes... MOUNT HOPE CEI I hereby certify I am the X Of the allove name to cedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mr. Hope cemetery harmless from any liability on account of said authorization and interment.

There was an error in names Mr. Kevin Henjerson verified to remove hold under deed. Sheila Jones, Aunt Invoice # 18251 Acct. # This information is available in alternative formats upon request. REA-104 (7-96)

O Printed on respeled paper



### GRAVE BLIND CHECK FORM

		regule			
<u> 80</u>					
	Okurs	x			
	Morris			williams	
Blind Check Initiate Interment space for Interment Date: 1	Pad	mise		_ Date: _ 	13
Div: D Sect:_	2_ BIK	/Row:	Lot:	242 G	r: <u> </u>
Grave Laid out by:	Norma	m.fe	~		<del></del>
Agrees with Legal (	Card: 🗆 Y	res (	ON C	place	M
Agrees with Map: 1	☐ Yes		No	0 )	n grove
Blind Check & Ver	ified By:			Date:_	U

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Amended at need contract

Date January 13, 2004

of Patrick Farmer			Tues	1/20	11.00
n a T.S. Vault Type of Burlai Container	_ Funeral, date,	time _	rues.	1/20	11.00
Church, Chapel, Graveside		: CA	Buria	L	Mortuan
All Funeral cars must arrive before 3:00 p.	n. of regular work	day	r an extra	charge of	\$
will be applied and billed to undersigned.		-			
Division 12 Section 2	Blk/Row	1,	ol <u>242</u>	Grave	7
Grave space & Care Fund		52:00:00	200 SEE SEE SEE SEE SEE SEE SEE SEE SEE S	2848V38096-	0
Overtime/Late Arrival Fees	^				
Opening/Closing & Setup	EXTENSES - SOURCES - SOURCE - SOURCE				MOVE TO STATE
Burial Container	and the second second				275.00
Burial Container					204.00
Handling Fees					
Flower vases - Marker setting fee					
Recording/Filing/Transfer Fees				**********	_50.00
Sales taxes					21.31
		Tot	R-570 al Due	90	963.31 -500.00
Pa	ld receipt number				463.31
	io secespi number		R-570		-463.31
Aunt					-0
I hereby certify I am the	tion and I agree to n and interment. She	ila	Mt. Hope	Cemetery	amed deceder and represer harmless from
Seeme Seeme	San	Die	ego, C	921	14 Zip Cod
<b>□</b> -18251	Telephone				

· E-18251

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE PAXTON	NT—FIRST (GIVEN)	T—FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) PATRICK FREMER, II				TE OF BIRTH	3. DATE OF		4. SEX
SAN DIEGO			SAN DIEGO	H-OUTSIDE CALIF.	NIKYAD	CKERSON		S AND ZIP	CODE
GALIFORNIA	JON BLVD.,	FUNERAL DIRECTOR OR PERS BURIAL CHAPEL SAN DIEGO, CA 9 Investor as applicant that the proposes	2115 PD	-1357 dispositions authorized by	Gestler and the Salina	GE ST. GO, CA 9	Person taking permit		SIGNED
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN THE CALLEY AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO SO. ADDRESS OF REPRESENT COLUMN OF THE PERMIT COLUMN OF T	TO I THE HEALTH AND SAFETY COME AND WISE  DO IN ACCORDANACE WITH PROBLEM  FOR THE DISPOSITION SPECIF  RIGHT OF DISPOSITION SPECIF  RIGHT OF DISTRICT OF DISTRICT OF DIS  LIN CAUFORNIA  CA 92186-5222	9A. AMOUNT OF FEE F		OF DISTRICT O	401318 DISPOSITION	OCAL REGISTRA		
B. CREMATION	UDES ENTOMBMENT)  OF CREMATED REMA EMETERY	~	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT				ONER'S US		CATED AT
BURIAL	MT. HOPE C	CA 92102	RKET ST.	118. DATE BURIE	D 11C. SIGN	ATURE OF PER	SON IN CHARG		RIAL C
CREMATION  CREMATION  SCIENTIFIC	12A. NAME AND AD	dress of California Cre	MATORY	128. DATE CREMA	TED 12C. SIGN	ATURE OF PER			MATION
SCIENTIFIC USE	13A. NAME AND AD	oress of California Faci	LITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGN	IATURE OF PER	rson in Charc	SE OF FA	CILITY
TRANSIT		DRESS IN RECEIVING STATE THEMATED REMAINS ARE TO		14B, DATE SHIPF		ress and sign Placing with 1		RSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OF NTIFY FINAL PLACE AND CA D		15B. DATE OF DISPOSITION		ATURE OF PER RIGE OF DISPOS		OF CREAT MAINS DE —IF APPLI	SPOSER

ISSUED BY Bultte C

At Need X On Acct

Check

Cash ...

Pre-Need Lot

M. O. D. 9-807 306857

This information is available in alternative formats upon request.

Pre-need Trust

Handling Fee Recording & Misc. Fees

Pre-Need

TOTAL PAID

Trust Sales Tax 77185 100 77183

63033 77186 60101

78390

OFFICIAL RECEIPT  WHITE TO CUSTOME CANARY CEMETER PINK	MOUNT HODE OFHEREDY		52760
From SHELLA L. JONE  ON Z-HOUNGER  In Manay Office Payment of T  CARL CHARTON	The Total Ville and	Date: Aug II  NOIX 57 Show  Dollars (\$-	\$1,010(W) 32
Invoice No Grave Invoice No Grave Mo Grave Mr.o	PAID IN THIS SPACE,	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burlel 100 Containers 77185 Handling Fee 77185 Recording & 100	399 00 375 00 259 00 145 00

# at need

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date_1-13-04

You are hereby authorized and Instructed, so ofOV QSTE	evens i	220138	Vest Mines State (1906)
1, 2, 2 2 2 2	Funeral, date, time		n 21,1:0
Church, Chapel Graveside	COM	munity	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or a	n extra charge of	<i>sumphrey</i>
will be applied and billed to undersigned			
Lot 1146 Grave 1 Row_	Section	Division/Bloc	<u>* 10 </u>
Grave space & Care Fund	D-6686		_
Additional spaces and care fund			
Opening/Closing & Setup			413.00
Burial Container Wilber Cont	inental Vau	1+	
Handling Fees	UIΔα	yy	
Flower vases Marker setting fee	37119 1/3	4/04	-
Recording and filling fee	IAN 2 0 2004		50.00
Sales taxes	ille in a service de la companya de	-cov	
(a	NT HOPE CEME	)ne / Ets.	4 63.0
C - 36 CF Paid	receipt number $R-5$	7109	463.0
Tax 4760-3616 MAN	1.7	Balance due	<b>8</b>
I nereby certify I am the	ghiles	of the above nar	ned decedent
and this is your authority to make disposition that I have the right to make this authorization.	n and I agree to hold Mt.	Hope Cemetery I	narmiess from
any liability on account of said authorization  R. Tha Allars worth	CONTRACTOR OF THE PROPERTY OF	· lette	money I
I hereby authorize the interment in lot I hold under deed.	pillia	J. Wuns	worth
nod under deed.	4/852	Rd.	27172
Signature of recorded holder of deed	Richlar	g or	7/8/0
*	54	893 63.	18
mulesta			W. 11
F 100F0	Invoice #		
Work Order # E 18252	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.

	Kar	100	" KICUSTANDI
UANG.	THOMAS	X Z	WILL AN JACKSON
SCH	Ave		
			Date: 1-/6-0
nterment space for: nterment Date:	75		:0D 68
Div: 10 Sect:	Blk/Ro	w: L	ot: 1146 Gr: 1
Grave Laid out by:	Jamas	Fergu	~
Agrees with Legal C			
Agrees with Map:	J Yes	O No	
Blind Check & Verif	Ead Don		Date:

DATE OF DISPOSITION __

339141 LD. TAG NO.

#### **OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION**

**CENTER FOR HEALTH STATISTICS** 

£18252

136-

	1. DECEDENT'S Fixed		Belle	STEV		2. SEX	3. DATE OF DEATH	(Month, Day.
	4. SOCIAL SECURITY NUMBER	H Se. AGE-Last Winholey		Sc. Undar 1 Day	a. BIRTHPLACE (CH)	and State or Foreign	White Committee of the	uncldibetols
	527-2A-6258	(Years) 90	Mos. Days	Hours Mins.	Country) Course	egle, OK	December	20, 19
-	II. WAS DECEDENT EVER IN	W. E. S. C.		DE PLACE C	F DEATH (Check only o	S. AMELINA	William Property	700
	D Yes D No	HOSPITAL I Inputeral	☐ ER/Outpationt C	DOA OTHER	Nursing Home Dec	odera's Home 🔲 O	Ever (Specify)	
	Bb. FACILITY MARKE (Winds Ins	THE RESERVE THE PROPERTY OF THE PARTY OF THE	MI SECTION .	Se. CITY	TOWN, OR LOCATION	OF DEATH	9d. C	OUNTY OF DE
		Bealth Sore	AND DESCRIPTION OF THE PERSON	AND DESCRIPTIONS	Beker Ci		Total Control of the State	aker
200	10s. DECEDENT'S USUAL OC (Case kind of work done di Do ggt use retired.)	CUPATION using most of working Mis.	100. KIND OF BUSINES	SANDUSTRY	11. MARSTA	L STATUS - Married, larried, Wildowski d (Specify)	12 SPOUSE (NA	erried, Wildows
	Aircraft Ass		Contract of the last	ntice	DAVORDS	(Specify)	THE RESERVE AND ADDRESS.	T. Ster
AND L	The state of the s	13b. COUNTY	136 CITY, TOWN O	A CONTRACTOR OF THE PARTY OF TH	194 STREET	T AND NUMBER		Lo oco
	Green	Bules	Richle			52 Stanti	Parel .	
	1Se. INSIDE CITY 1St. ZIP	CODE 14 WAS	THE RESIDENCE AND DESCRIPTION OF		15. RACE American in Black, White, etc. (S	CONTRACTOR AND ADDRESS.	18. DECEDENT'S	EDUCATION
	LIMIS?	Missioan,	DECEDENT OF HISPANI No OF Yes - If yes, specify ( Puerto Pipen, etc.) OF N	O DYes	Black, White, etc. (5)		(Specify only highest tary/Secondary (0-12)	
	EYES NO 97	870 Specify:			white		8	
-	17. FATHER - NAME first	middle last	15 MOTHER - NAME	Brut middle	melden	19. INFORMANT	NAME and relational	Market Barrier Committee
	James Barlon	Andersons	Eva Lone	Melten	Europe Spiller	Botha A	Lenemerth	- 614
	20M. METHOD OF DISPOSITIO		20b. PLACE OF DISPO	STION (Name of com	etery, crematory, or	20c LOCATION -	City or Town, State	
-	Buriel Cremetion CR	and the second second	AND RESIDENCE	. Hope Car	METERY	2-	Diego, CA	
-		ALCOHOL THE RESERVE	NSEE OR 1 315	OREGON LICENSE NO	ACCURATION AND ADDRESS OF THE PARTY OF THE P	SAND BE OF SACIL	Avianta at the se	
	21s. SIGNATURE OF OREGON PERSON ACTING AS SUCH			(Of Licenson)	1500 0	ALL CO.	Baker Cit	napel
E	Jan 110	W. T.		1832		7 444		
	23. DATE FILED (Month, Ony, Y				24. REGISTRAP'S S	IGNATURE		MAIN SEA
	RESERVED FOR REGISTRAFTS			STATE OF THE PARTY	-	AND DESCRIPTIONS		100
	Comment of the Control of the Contro	PLETED BY CERT 28. WAS MEDICAL EXAM  12. Year 22.40	IFYING PHYSICIAN		TO BE COME 31s. TIME OF DEATH	NUMBER OF STREET	DUNCED DEAD (MG	ACCOUNT OF THE PARTY OF THE PAR
	29. To the best of my knowled	dge, death occurred at the	e time, date, place and		32. On the basis of ex	aminstion and/or in	vestigation, in my or	elnion death o
	29. To the best of my knowled due to the cause(s) and in (Signature)	miner stated.			32. On the basis of so at the time, date, p (Signature)	slace and due to the	cause(s) and man	or stated.
1	> Utt							
100	30. DATE SIGNED (Moyle), &	lay, Year)	THE RESERVE	5	33. DATE SIGNED (M	onth, Day, Year)		COUNTY
1								
1		150	and the second second					
1	34. NAME, TITLE, ADDRESS		THE RESERVE OF THE PERSON NAMED IN	The state of the s			700A C95	
	Dr. Charles	Hofeson M.I	3820 -	17th Street	, Baker Gi	ty, OR 9	7814 523	4465
	THE RESIDENCE OF THE PARTY OF T	Hofeson M.I	3820 -	17th Street	t, Baker Ci	ty, OR 9	7814 523	4465
	Dr. Charles 35. NAME OF ATTENDING P	Botome E.I. PHYSICIAN IF OTHER TO	HAN CENTIFIER (Type o	17th Street	Con III	di se ei	7814 523	-4465
	Dr. Charles	HOTOMAN H. I PHYSICIAN IF OTHER TO LOW COMPLE	HAN CENTIFIER (Type o	17th Street	Con III	di se ei	7814 523	4463
his for	Br. Charles 36. NAME OF ATTENDING P PPROPRIATE BOX BEI ORIZATION FOR FINAL im when signed above I	HOSE COMPLETED TO THE PROPERTY OF THE PROPERTY	HAN CERTIFIER (Type of the BOTH YELL)  Vice licensee (21s	17th Street	N DISPOSITIO	N COPIES		
his for	Br. Charles 36. NAME OF ATTENDING P PPROPRIATE BOX BEI DRIZATION FOR FINAL	HOSE COMPLETED TO THE PROPERTY OF THE PROPERTY	HAN CERTIFIER (Type of the BOTH YELL)  Vice licensee (21s	17th Street	N DISPOSITIO	N COPIES		
WTHC his for ermit I	PPROPRIATE BOX BEI DRIZATION FOR FINAL im when signed above I for the remains of the de	Hofens E.I PHYSICIAN IF OTHER TO LOW COMPLE DISPOSITION by the funeral ser- scedent named h	TE BOTH YELL OVICE Icensee (21) ereon.	17th Street Print DW AND GREE a) and by the or	IN DISPOSITION entifying physicia	N COPIES n (29 or 32) s	hall serve as a	disposal
his for ermit I LTER his for	PPROPRIATE BOX BEI ORIZATION FOR FINAL Imm when signed above I for the remains of the de INATIVE AUTHORIZATI Imm when completed and	Hofens E.I PHYSICIAN IF OTHER TO LOW COMPLE DISPOSITION by the funeral ser- scedent named h	TE BOTH YELL OVICE Icensee (21) ereon.	17th Street Print DW AND GREE a) and by the or	IN DISPOSITION entifying physicia	N COPIES n (29 or 32) s	hall serve as a	disposal-
his for ermit I LTER his for	PPROPRIATE BOX BEI DRIZATION FOR FINAL im when signed above I for the remains of the de	Hofens E.I PHYSICIAN IF OTHER TO LOW COMPLE DISPOSITION by the funeral ser- scedent named h	TE BOTH YELL OVICE Icensee (21) ereon.	17th Street Print DW AND GREE a) and by the or	IN DISPOSITION entifying physicia	N COPIES n (29 or 32) s	hall serve as a	disposal-
his for ermit I LTER his for ecede	PPROPRIATE BOX BEI ORIZATION FOR FINAL Imm when signed above I for the remains of the de INATIVE AUTHORIZATI Imm when completed and	Hofens E.I PHYSICIAN IF OTHER TO LOW COMPLE DISPOSITION by the funeral ser- scedent named h	TE BOTH YELL OVICE Icensee (21) ereon.	17th Street Print DW AND GREE a) and by the or	en DISPOSITION entifying physicia nall serve as a c	N COPIES n (29 or 32) s	hall serve as a	disposal-
his for ermit I LTER his for ecode	SE. Charles  SE. MAME OF ATTENDING P  PPROPRIATE BOX BEI  PRIZATION FOR FINAL  Im when signed above I  for the remains of the de  INATIVE AUTHORIZATI  Im when completed and  ant named hereon.	HOFEREN E.I PHYSICIAN IF OTHER TO LOW COMPLE DISPOSITION by the funeral series ecedent named h ION FOR FINAL d signed below b	HAN CERTIFIER (Type of the licensee (21) ereon.  DISPOSITION by the funeral service in the	DW AND GREE a) and by the or vice licensee st	en DISPOSITION entifying physicia nall serve as a c	n (29 or 32) a	hall serve as a	disposal-
his for ermit I LTER his for ecode e cont he do	PPROPRIATE BOX BEI DRIZATION FOR FINAL Imm when signed above I for the remains of the de INATIVE AUTHORIZATI Imm when completed are ant named hereon. Itacted Dr. Ictor has agreed to sign	Hofeman H.I PHYSICIAN IF OTHER TO LOW COMPLE DISPOSITION by the funeral ser eccedent named h ION FOR FINAL d signed below b	TE BOTH YELL ( rvice licensee (21) ereon, DISPOSITION by the funeral sen	DW AND GREE a) and by the or vice licensee st	en DISPOSITION entifying physicia nall serve as a consistence	n (29 or 32) a	hall serve as a	disposal-
his for ermit I LTER his for ecode e cont the do	PPROPRIATE BOX BEI DRIZATION FOR FINAL im when signed above I for the remains of the de INATIVE AUTHORIZATI im when completed are ant named hereon.  tacted Dr. ctor has agreed to sign . SERVICE LICENSEE S	HOFEREN E.I PHYSICIAN IF OTHER TO LOW COMPLE DISPOSITION by the funeral ser eccedent named h ION FOR FINAL d signed below b e certification of the	TE BOTH YELL ( vice licensee (21) ereon, DISPOSITION by the funeral sen	DW AND GREE  a) and by the or  vice licensee st  on date  as soon as po	en DISPOSITION entifying physicia hall serve as a consiste.	n (29 or 32) si lisposal-transit _ and time _ cense #	hall serve as a	disposal- remains
his for ermit I LTER his for ecode e cont he do ERAL	PPROPRIATE BOX BEI DRIZATION FOR FINAL Imm when signed above I for the remains of the de INATIVE AUTHORIZATI Imm when completed are ant named hereon. Itacted Dr. Ictor has agreed to sign	PHYSICIAN IF OTHER TO LOW COMPLE DISPOSITION by the funeral serecedent named has been been been been been been been bee	TE BOTH YELL (  vice licensee (21) ereon,  DISPOSITION by the funeral sen  the cause of death	DW AND GREE  a) and by the or  vice licensee st  on date  n as soon as po	en DISPOSITIO	n (29 or 32) allisposal-transit and time cense #	hall serve as a permit for the	disposal- remains

__ SEXTON'S SIGNATURE _

(100

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

AL MANE OF DESCRIP	AFF FROM INC.	ID MIDDLE	Lan Lagrania		Ta	DATE OF BIOTH	I O DATE	OF SEATH LA SEX
Ova  Ova	NI	18. MIDDLE Belle	Stevens		MC	DATE OF BIRTH DATH, DAY, YEAR /20/1913	MONTH,	DAY, YEAR
SA. CITY OF DEATH		AND THE STATE OF T	58. COUNTY OF DEAT	-OUTSIDE CALIF.	S. NAME, RE	LATIONSHIP, FULL M		RESS AND ZIP CODE
Baker Cit			OPegon		OF INFOR	Allenswort I Box 108	h - D	aughter
7A. TOPED NAME AND AI COMMUNETRY 855 Broad	MOREUSTY Way	IA-FUNERAL DIRECTOR OR PER	ISON ACTING AS SUCH 78. CAL			nd, Oregon		
Chula Vis	ta, CA 919	11		FD1682	BA. SIGNATI	JRE OF APPLICANT-	Person taking pe	mit 88. DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10	schooledge as applicant that the propose 1376 of the Health and Safety Code, and wa	s authorized pursuant to Section 7100 of th	e Health and Salety Code.	▶ V~	N2_		01/29/2004
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT	JED IN ACCORDANCE WITH PR CORMA HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI ID MENT OF DESPOSAL OUTSIDE OF CALIFO	FIED	01/20/200		360 1409	OCAL REGIS	TRAR ISSUING PERMIT
		EGISTRAR OF DISTRICT OF D	DEATH— SE AD	The second secon	OF DISTRICT	e rave boy	San: 8522	Diego County
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	Al.	7020000		FOR COR	ONER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US		AINS OTHER	F. DISINTERMENT  G. SHIP IN TO CALIFO  H. TRANSIT TO OUTS			— (Name and A	uddress)	
BURIAL	Mount Hope 3751 Marke San Diego,		<b>METERY</b>	118. DATE BURIES	9 11C. S	NGNATURE OF PER	SON IN CH	ARGE OF BURIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CHE	MATORY	128. DATE CREMAT	TED 12C, 8	IGNATURE OF PER	SON IN CH	ARGE OF CREMATION
SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORNIA FAC	OLITY RECEIVING REMAINS	13B. DATE RECEN	VED 13C. 8	AGNATURE OF PER	ISON IN CH	ARGE OF FACILITY
TRANSIT		Doress in receiving state Cremated remains are to		148. DATE SHIPPE		ODRESS AND SIGN OF PLACING WITH T		PERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	rest point on shoreline, c entify final place and ca <u>t</u>		158. DATE OF DISPOSITION	U. S.	SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE NAMBER 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 OF DER

V.	Detre Jan. 13 Of
227381 You are hereby autherized and instructed, subje	727382V act tig your rules and regulations, to inter the remain
a Kadolffo Ko	ariquez 1 Mirna.
ine Fu	neral tate time Rodrige
Type of Build Container Church, Chapel, Graveside	: Mortuan
a contrat de communicación responsarios del compositorios de la Propinsión	permanentalista anno como a dispensa e serio
All Funeral care must arrive before 3:30 p.m. of	sedings work pay or an exits combe or \$
will be applied and billed to undersigned	
70 611.	6
Lot 72 Grave 516 Row	Section Division/Block _ &
Grave space & Care Fund	1755 4B 3510.
Additional spaces and care fund	10,00
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Flower vases - Marker setting fee	2 W W W W W W W W W W W W W W W W W W W
Recording and fill Cog	1-4-02 # 18587
Sales taxes	الجديدي
IAN La anna	Total Due
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	think mirmhae
	Sept number
MOUNT HOPE CEMETED	Balance due 2632.
MOUNT HOPE CEMBER	Balance due 2632.  of the above named decede
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authoriteeon a	Balance due 2632 - of the above named decede fremains as above indicated. I certify and represe
MOUNT HOPE CEMBER	Balance due 2632 - of the above named decede fremains as above indicated. I certify and represe
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I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization as any liability on account of said authorization and	Balance due 2632 - of the above named decede fremains as above indicated. I certify and represe
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I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization are any liability on account of said authorization and I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Row 18253  Mort Order # E 18253  PM 8-8-05  Spoke fo Rusoufo	Balance due 2632.  of the above named deceded remains as above indicated. I certify and represented lagree to hold left. Hope Cometery harmless from the complex of the com
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization are any liability on account of said authorization and I hereby authorize the interment in lot I hold under deed.  Signature of recorded holder of deed  Row Barrier # E 18253  Mort Order # E 18253  PM - 8-8-05  Spoke fo Russiano	Balance due 2632.  of the above named decede formains as above indicated. I certify and represe and I agree to hold left. Hope Cometery harmless fro d interment.  Signature 204 AUBER AV Address SAN DEED CA. 921  202 262-9269 Telephone  Invoice # 433,420  Acct. # 138587
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PAYMENT BY JAN. 06.



# MT. HOPE CEMETERY INTERMENT ORDER

E18253

City of San Diego

You are hereby authorized and instructed, and of Sido FO	subject to your rules and regulations, to Inter the remains
ina DD Crypt 15+	Funeral, Gate, time Sect 2/14 9:30
Church) Chapel, Graveside	: Bugo Roberta Mortuary.
All Funeral cars must arrive before 3:30 p.m	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 72 Grave 5 Row_	Section 5 Division/Bleck 2
Grave space & Care Fund	877.
Additional spaces and care fund	SAT. FEE 660 -
Opening/Closing & Setup	PAID 826
Burial Container	4170
Handling Fees	B 1 1 2004 352
Flower vases - Marker setting fee	
Recording and filling fee MOUNT	HOPE CEMETERY 100
Sales taxes	32.40
Pair	Total Due
	Belance due
I hereby certify I am the X So A and this is your authority to make disposition	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetary harmless from
any liability on account of said authorization Redniquez	and interment.
I hereby authorize the Interment ic. or I hold under deed.	TRC4 Klauber AV
SOMEON CONTROL OF THE	Address A
Signature of recorded holder of deed	×5, W 1/100 VA. 92114 7 262-9269
tan	Telephone
F 18306	Invoice #
Work Order # E 10000	Acct. #
REA-104 (7-96) This inform	nation is available in alternative formats upon request.

& Printed on recycled paper

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA E 18253 57200
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETERY (619) 527-3400
From: & Rodigues Address	
- in fuel Payment of Interm	Dollars (\$ 3265.00 Le CD esicodoro Koduciano Division D
STAMPED PAID	PURPOSES STATED UNLESS Block
W.OBALANCE DUE	B0% Sales 100 5 X =
Pre-Need Lot   At Need   On Acct	Containers 77:182 100 100 100 100 100 100 100 100 100 10
Pre-need Trust   Cash   Check   ISSUED BY CA	Trust 77186 77186 50101 78390 70165 00 00 00 00 00 00 00 00 00 00 00 00 00

,		r Contract Expires Jan. 2006 pint 227381 E-18253	E		-18253
Kodrigu		Rodolfo & Mirna 1804 Klauber AV SD 92114 (619)262-9269  Div 2 Sec 5 Lot 72 Gr X 66 (GR 5 used E-18306) DEBIT CREDIT BALANCE	EDIT	CREDIT	BALANCE
01-13-	200	4 Opened pre-need lots w/ 25% down by Visa 3510.00 > 878:00 2632.00	878:00	878:0	2632.do
2-11	14	payment of \$ 877 used for #5 8 5 23 00 % 60 1	377-	377	175500
8-20	0/	no engon . Visa 202 1 73 - 16000	73 -	73	1600
7-28-	05	mailed Delinage D water a 1482 a	200	200.	148200
8-12-0	5	Der ohare he was and	4		4
		157 11			
		1-10-0			
		JAN 10 2006 Bl. 485.00 Cowards			
		MOUNT HOPE CEMET Clear more			
		1-4-06			
		SENT TO COHECTIONS			
		IN VOICE # 43342 0			
-	1	OPEN ALC# 128587			
,					

10-19-05 PEr maria 25% Payments 987.30 × 18 months @ 54.85 105305 as 10/19/05 Tobring acct date. ACRO2U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: SSB ACCOUNT: 128587 INVOICE: 433420 INV DATE: 01 04 06
NAME: RODOLFO & MIRNA RODRIGUEZ

1) 1804 KLAUBER AVE 2) SAN DIEGO, CA 92114

3) 4)
CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY: 6192629269
DEPT: 072 CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400
REFER NO: E-18253 DAYS DUE: 010 INV TYPE: GE TYPE CHG: NOTICES: Y
TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: ACCRUAL CODE:
TIME PAYM CODE: STD DESC CODE: INVOICE TOTAL: 1,482.00
DESCRIPTION OF CHARGE AMOUNT
PRE-NEED LOT 1,482.00
DIVISION 2 SECTION 5
LOT 72 GRAVE 6

LATE	CHARGE	#1 #2	- DAYS	DUE:		TOTA		DUE			1,482.00 AND/OR	CODE:	•
THE	INVOICE	HAS	BEEN	ADDED.	HIT	PA1 A	AND	ADD	THE	ACCOUNT	ING DATA.		

ACF	02U ACTI A	ON	BY SSB	ACCO	87	INV 433	OICE 420	7.000-100-100-100	PG 2 INVOICE TOTAL 1,482.00
ACT	FUND 63033	DEPT	ORG	ACCT 77186	J/0	OPER	BN/EQ	FACILI	AMOUNT 1,482.00
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1000							Service .	2.5	

-83

ACROIU PSWD:

CUSTOMER MASTER

E18253

ACTION A

1

OPTION ACCOUNT EDI CODE

128587

CUSTOMER NAME

RODOLFO & MIRNA RODRIGUEZ

SHORT NAME RODOLFO

ADDRESS: 1804 KLAUBER AVE

SAN DIEGO, CA 92114

CITY

STATE ZIP COUNTRY

SAN DIEGO

CA

92114

6192629269

CUSTOMER CONTACT - NAME

PHONE ORIG DEPT

MT. HOPE CEMETERY

619 527 3400 072

STATEMENTS

SSB

UPD BY LAST UPDATED

01/04/06

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PA1 FOR NEW REQUEST.



#### THE CITY OF SAN DIEGO

August 25, 2004

Mr. & Mrs. Rodolfo Rodriguez 1804 Klauber Ave. San Diego, CA 92114

Reference:

Customer Contract

Dear Mr. & Mrs. Rodriguez,

Subject:

Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was February 11, 2004 leaving a balance of \$1755.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-18253, date issued January 13, 2004 cemetery location Division 2, Section 5, Lot 72, Grave 6.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400.

Sincerely,

Cemetery Manager

ph

cc:

file





#### THE CITY OF SAN DIEGO

July 28, 2005

Rodolfo Rodriguez 1804 Klauber Ave San Diego, Ca. 92114

Reference:

Customer Contract

Dear Mr. Rodriguez,

Subject: Pre-Need Cemetery Account

The current status of your Pre-Need payment account has not been received. Our records indicate your last payment was made on August 26, 2004.

Therefore leaving a balance of \$1,682.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue, with monthly payments.

Your original receipt contains the following contract information: Contract number E-18253, date issued January 13, 2004, cemetery location Division 2, Section 5, Block/Row , Lot 72, Grave 6.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400. This will be your last notification. If payments are not kept up on a monthly basis your account will be referred to collections.

Sincerely

David Lugo

Cemetery Manager



E18253

#### AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 13th day of January 19 Joseph between feel dofo Codiquez, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the abovedescribed exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seiler expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

WITHESS our hands this day and year above written.

Deed to be issued to:	
	Name
	Address
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000110	
109102	PURCHASER
10100	0.0
	PalalEx Mina Kali
	Print Name
*	<b>^</b>
9	i- Redella R
	Signature
	, 1804 HAUBER AN
*	Street Address (Mail)
	Street Mariety (Marry
	( SAN DEESO OF 92114
	City Scate Zip Code
* a	. 0.12
*	20 %
	CITY OF SAN DIEGO
	Mt. Hope Cemetery
	· Hetzel)

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



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#### CITY OF SAN DIEGO, CALIFORNIA GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

EDI REF NO: C433420

MAKE REMITTANCE PAYABLE TO CITY TREASURER,

P.C.BOX 122289

SAN DIEGO, CALIFORNIA 92112
YYELLOW COPY OF INVOICE WITH YOUR PAYMENT.

RODOLFO & MIRNA RODRIGUEZ 1804 KLAUBER AVE SAN DIEGO, CA 92114 SAN DIEGO CA 92114 ACCT NO 128587

6192629269

----TREASURERS USE ONLY-----PAYMENT DATE: BY: CA CK IF ED PAYMENT REF NO INVOICE DATE PAYMENT DUE PERIOD COVERED 01/04/06 01/14/06 **DECEMBER** FOR INFORMATION CONCERNING YOUR BILLING CONTACT: MT. HOPE CEMETERY REF NO: E-18253 DEPT: MT. HOPE CEMETERY 619 527 3400 DESCRIPTION OF CHARGES AMOUNT

PRE-NEED LOT DIVISION 2 SECTION 5 LOT 72 GRAVE 6 PAID

1,482.00

JAN 1 0 2006

MOUNT HOPE CEMETERY

TOTAL DUE

1,482.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT

MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO

AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE

SUBJECT TO A COLLECTION FEE OF 10% OR \$25,

WHICHEVER IS GREATER, INTEREST OF 12% PER YEAR

ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.

ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT

ACELISTICAL ABOVE. CUSTOMER COPY INV NO. 433420

# PRE-NEED PURCHASE MOUNT HOPE CEMETERY

P 00043

in	Payment of Sec _	Pre-Ne	Blk/ Row	ces Lot	72	Grave _	6	
Invoice No	— / 8 \( \sigma \) S \( \frac{1}{2} \)	JAN	PURPOSES STATED  THIS SPACE.  I 1 0 2006  DPE CE		CREDIT 20% Sales Care Pre-Need Trust	63033	487-	00
C.212 (11-05) his information is available in al 44773 006 44773 006	5	ISSUED BY	aroha	,	FOTAL PAID	s / 4	81.	00

INTEGRATED PAYMENT SYSTEMS, INC ISSUER Greenwood Village, Colorado		
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ND DOLLARS AND NO CENTS **********		
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WESTERN MONEY UNION ORDER	INTEGRATED PAYMENT SYSTEMS, INC ISSU Greenwood Village, Color
	08-447730066
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** PAY EXA	CTLY FOUR HUNDRED EIGHTY-TWO DOLLARS AND NO CENTS -
	STATEMENT OF LITTLE CONTROL OF ACTION OF STATEMENT OF STA
PAY EXACTLY PAY TO THE	o Competing PARMENT FOR ACCT. MICH.

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#### MT. HOPE CEMETERY

#### INTERMENT ORDER

Athred

City of San Diego

D.I.P.	Date 1-14-04
	oject to your rules and regulations, to inter the remains
a Thelma Potte	1 - 024853
TEIGHT	uneral, date, time Weds gan 21 11:00
Church, Chapel Graveside	Hoyer /Baryrew Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 22 Grave 9 Row	Section3_ Division/Block12
Grave space & Care Fund	7529
Additional spaces and care fund	PAID =
Opening/Closing & Setup	
Burlal Container	JAN 1 4 2004 275.00
Handling Fees RIGN V MO	UNT HOPE CEMETERY 204.00
Recording and filing fee	50,00
Sales taxes	21.31
- ال	Total Due 963.31
- College Bolds	eceipt number Master , 963.3/
The state of the s	CONO Balance one
I hereby certify I am the 1550 or and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mr. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	8410 Beaver Lake Dr.
Bignature of proorded holder of deed	San Diego, CA 92119 20 Code Telephone Telephone
Work Order # E 18254	Acct. #

# MT HOPE CEMETERY 18254

#### GRAVE BLIND CHECK FORM

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

		W alas	Smith		
	Mercer	X		Biglin	
nterment spa	itiated By: $\frac{1}{2}$ ce for: $\frac{1}{2}$	lma Po	nter		20-04
	ect:_3 Blk				<u>. 9</u>
Agrees with L	egal Card: 41 Y	<b>-</b>		fa	9
igrees with iv	ap: 💆 Yes k Verified By: <u>//</u>	٠١٠٠ ا	_	1	1/

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

4 95

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST OF	AMILY)		100		3. DATE OF		4. SEX
•	THELMA		c.	POT	POTTER			MONTH, DAY, YEAR	01/02	7528-100 CH 1905	F
5/	AN DIRGO				OF DEATH-OUT	CDR1-1058310185	6. NAME, I	RELATIONSHIP, FULL MA DRIMANT ON WADE POT	ILING ADDRE		SOMEON S
7/	AYER MORTU	ARY	A—FUNERAL DIRECTOR OR F	2		ENSE NUMBER ICABLE	8410 SAN I	BEAVER LAKE DIEGO, QA 92 TURE OF APPLICANT—FO	DR 119	3	-
Ξ	ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that the prog 376 of the Health and Safety Code, and	was authorized pursuant to Section	on 7100 of the Health a	and Safety Code.	> 101	11115		DIJIY	2,81
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	MED IN ACCORDANCE WITH ORINA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE DIMENT OF DISPOSIN, OUTSIDE OF CAL	CODE	0	1/15/200	04 2	c. signature of loc 2401147 (*) •	AL REGISTR	RAR ISSUIN	B PERMIT
33	O'CHANGE IN DISPOSI- TON REQUIRES A NEW ERWIT TO SHOW FINAL	VITAL RECOR	EGISTRAR OF DISTRICT OF D IN CAUPORNIA IDS P.O. BOX 8: CA 92186-5222					CT OF DISPOSITION— HER DISTRICT IN CALIFOR	NA.		
100	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER	F. DISINTERN	EY ENVAULTME MENT O CALIFORNIA TO OUTSIDE OF	*	6	Dispositions (Name and Add		EMAINS LO	CATED AT
	BURIAL	MI NAME AND A MI HOPE C SAN DIEGO,	ORESS OF CALIFORNA EMETERY, 3751 CA 92102		118	21-04	. 1	SIGNATURE OF PERSO	- /		RIAL
APPLICABLE ITEMS	GREMATION	12A. NAME AND A	ODRESS OF CALIFORNIA C	REMATORY	- Charles	DATE CREMAT		SIGNATURE OF PERSO		GE OF CRE	MATION
ALL APPLICA	SCIENTIFIC	ISA. NAME AND A	ODRESS OF CALIFORNIA F	ACILITY RECEIVING RE	MAINS 138	ATE RECEI	VED 13C.	SIGNATURE OF PERS	ON IN CHAP	RGE OF FA	CILITY
COMPLETE AL	TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		RE 148	B. DATE SHIPP	ED 14C.	ADDRESS AND SIGNA OF PLACING WITH TH		ERSON IN	CHARGE
õ	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE ENTIFY FINAL PLACE AND CA			DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSIT		OF CREM MAINS D —IF APPR	ATED RE-

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



# Tud

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date garnit, 03

	bject to your rules and regulations, to inter the remains
d pariee la	
In a Type of Burlei Contenses	Funeral, date, time Seus \$60 (0:00)
Church, Chapel, Graveside Doo Chio	Runo Ragodalo Mortuery.
All Funeral cars must arrive before \$100 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 39 Grave 10 Row_	Section
Grave apace & Care Fund	<u>G</u> 185
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	DAID 209-
Handling Fees	1 AID (60-
Flower vases - Marker setting fee	JAN 2 0 2004
Recording and filing fee	A STATE OF THE PROPERTY OF THE
Sales taxesMO	HAT HOPE CEMETERY 16-20
,,,,,	Total Due
restrany 2 poory said	receipt number R57110 (833.20
2.00	Balance due
I hereby certify I am the X Orugho	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and Interment
Hua Mac Walk	us x When t. Mack making
I hereby authorize the interment in lot I hold under deed.	Storatory 6 15 E. Elm Tene.
State and the second se	X DIA+ HE KS, 66062
Signature of seconded leader of deed	3 013-390- 0107 DOCOM
tan-	Telephone 370 0101
- 40055	Invoice #
Work Order # E 18255	Acct. #

# MT HOPE CEMETERY 1885

#### **GRAVE BLIND CHECK FORM**

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

grove _			ncan	inen	
	voms	x	to	e .	water
	carion	toFigi			
Blind Check Initiat	or U	urle	e V	aug	1/14 hner
Interment Date:	eus;	/ <u>20</u> 1	ime:	10:0	DC
Grave Laid out by		0.61			(0.50.00
Agrees with Legal				lag	M
Agrees with Map:	☐ Yes		10	flag	nave
Blind Check & Ve	rified By:			Date	<u> </u>

APPLICATION 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 10		IC. LAST (FAM	1C. LAST (FAMILY)			DATE OF DEATH 4. SEX	
Lurlee		Dean	Vaughne	r		0971671932 0	1/11/2004 F
SA. CITY OF DEATH			5B. COUNTY OF	DEATH-OUTSIDE CALIF.,			NG ADDRESS AND ZIP CODE
San Dieg				ESan Diego	n Diego OF INFORMANT Lewis R. Vaughner, Frien		
7A. TYPED NAME AND AL Anderson-	DORESS OF CALIFORNI Ragsdale Mo	A-FUNERAL DIRECTOR OF PE Drtuary, 5050	Federal Blvd	B. CALIF. LICENSE NUMBER —IF APPLICABLE	597	1 Latimer Cou Diego, CA 92	rt
San Dieg	o, CA 9210	2		FD-1329			taking permit, 8B. DATE SIGNED
ACKHOWLEDGMENT OF A		cknowledge as applicant that the propo 376 of the Health and Sofety Code, and w			>/	and langing	01/14/2004
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH P CORNIA HEALTH AND SAFETY ITY FOR THE DISPOSITION SPEC D NIGHT OF BISPOSAL DUTSIDE OF CALL	CIFIED 13.00	98. DATE PERM 01/16/2 B. Camp	004	9C. SIGNATURE OF LOCAL 2401254 ▶	REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TIOM REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF ED IN CAUFORNIA OTOS, P.O. BOX 0, CA 92186-522	85222	BE ADDRESS OF REGISTRA IF DISPOSITION IS TO OCI		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORON	ER'S USE ONLY
B. CREMATION		AINS OTHER	F. DISINTERIME	DOS COLORADOS COMO	V.	L DISPOSITION PEN (Name and Addre	IDING-REMAINS LOCATED AT
BURIAL		opress of California Ce Cemetery, 3751 o, CA 92102	Merery Market Stree	t 118. DATE BURI	ED 110	SIGNATURE OF PERSON	IN CHARGE OF BURIAL
CREMATION  CREMATION  SCIENTIFIC	12A. NAME AND A	DDRESS OF CALIFORNIA CE	REMATORY	128. DATE CREM	ATED 120	. SIGNATURE OF PERSON	IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA FA	ACILITY RECEIVING REMA	NINS 13B, DATE RECI	EIVED 190	. 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			148, DATE SHIP	PED 140	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDE	REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA				SIGNATURE OF PERSON CHARGE OF DISPOSITIO	

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

### MT. HOPE CEMETERY

Date 1-14-04

#### INTERMENT ORDER

AL Need

City of San Diego

6.5	
	ucted, subject to your rules and regulations, to inter the remains
a SuChin Ho	A Committee of the Comm
na T.S. Dault	Funeral, date, time Just, Jan 20 2'00
Church Chapel Graveside	: Cupy-(55 View Mortuary.
All Funeral cars must arrive before 3	:50 p.m. of regular work day or an extra charge of \$ 165,00
will be applied and billed to undersig	10 전경보다 보고 일본 10일 조명 10일 (150 M) 그는 그 그 그 그 그 전쟁을 보고 10일 표시되었다. 1987년
	C. HINESE
Lot Grave <u>3</u> F	Row 9 Section 1 Division/Block 图 4
Grave space & Care Fund	BAID — As
Additional spaces and care fund	PAIV
Opening/Closing & Setup	413.00
Opening/Closing & Setup Burial Container	JAN 14 2004 275,00
	201/3
Handling Fees	MOUNT HOPE CEMETERS
u. eet grund vases – marker setting tee	57 0
Recording and filing fee	30.00
Sales taxes	
	Total Due
	Paid receipt number 14-57099 9633
_	Balance due
I hereby certify I am the	OM of the above named decedent
and this is your authority to make di-	specition of remains as above indicated. I certify and represent portzation and I agree to hold Mt. Hope Cemetery harmless from
any-liability on account of said autho	rization and interment
I hereby authorize the interment in to	al Vivo
hold under deed.	, YA76 WUEDA D
Signature of recorded holder of stead	- Address S.D. 92124
	CON COTO - TAT-0331 2000
late	THE TOTAL
Poulate	11 - 403 -000
` <b>=</b> 1825	6 Invoice #
Work Order #	Acct. #
REA-104 (7-96) Thi	is information is available in alternative formats upon request.

& Printed on respeled paper

## MT HOPE CEMETERY F 19356

Spencer

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	XEST	Han	0
•					
	× .				
Blind Check Initia	Pourson with Justice of			_ Date:/_	15-04
Interment Date:	100		Time:	2:00	\$
Div. Chune Sect	: <u> </u>	Row	9_ Lot:	G	r: <u> 3</u>
Grave Laid out b	y: Mormo	m fa	<b>~</b>	_	
Agrees with Lega		Yes	□ No	\$109	clan
Agrees with Map	: Ø\Yes	_0	No		100/12
Blind Check & V	erified By:_(	Wa.	Men	Date:_	1-16-0

19256

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) ! 1B. MIDDLE	1C LAST (FAMILY)	2 DA	E OF BRIDE   3, BATE OF BEAUTY &
su	CHIN	BOM	MONTH	8/19/2 517 0120
SA. CITY OF DEATH		58. COUNTY OF DEATH-OUTS	DE CALE TO NAME DELAG	WISHER FULL MAKING ADDRESS - ME - S. COMMISSION
SAN DIEGO		ENTER STATE SAN D	EGO PT CHARD	HOM - SON B. C. A.
7A. TYPED NAME AND AD	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A		SENUMBER 4276 PTI	
ECM-CYPRES	S VIEW CHAPEL 3953 IMPERIAL	4 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		30 CA 92124
SAN DIEGO		FD-670	1.00	KAPRICAN STATE OF THE STATE OF
ACKNOWLEDGMENT OF AF	PLICANT I hereby acknowledge as applicant that the proposed dispose Section 10376 of the Health and Safety Code, and was authority	ition atated herein is one of the disposition and oursuant to Section 7100 of the Health-an	Seleta Code	20 5/42 · · · · · · · · · · · · · · · · · · ·
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 MOUNT GHES NO ROSHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$13.00	DATE PERMIT (\$50E0° 90° 560 1/15/2004 240 VALENTINE ▶	NATURE OF LOCAL RESIDENCE SECOND SECO
	PO. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCUMBED IN CALIFORNIA  VITAL RECORDSPO BOX 852: SAN DIEGO CA 92186-5222	9E. ADDRESS-0	F REDISTRAR OF DISTRICT OF ON IS TO OCCUP IN ANOTHER DI	
10. AUTHORIZED DISPO	DISTION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US		F. Disinterment  G. Ship in to California  H. Transit to Outside of	CALIFORNIA	DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER MT HOPE CEMETERY 3751 MARKE	T ST	DATE BURIED   11C. SIGN	TURE OF PERSON IN CHARGE OF BURIAL
1000000000	SAN DIEGO CA 92102	1/ -	20 04 7	1 + Duelle
CREMATION  SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY 128.	DATE CREMATED 1 12C SIGNI	TURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS 13B.	DATE RECEIVED 13C. SIGNA	ATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR CREMAINS OR CREMATED REMAINS ARE TO BE			ESS AND SIGNATURE OF PERSON IN CHARGE LACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC			ATURE OF PERSON IN GE OF DISPOSITION 150. LICENSE NUMBER OF CREMATED THE MAINS 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.

# Presunt

REA-104 (7-96)

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Der Jan. 14 84

You are hereby authorized and instru	oded, subject to your rules and regulations, to inter the remains
TS Much	Funeral, date, time
Type of Burial Container	
Church, Chapel, Gravezide	Mortuary.
All Funeral cars must arrive before 3:	:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	ned
Las 124 Grave 123,15	Row Section Division/Block
Grave space & Care Fund	E16751 -0
Additional spaces and care fund	
Opening/Closing & Setup	43 x 4, 1652.
Buriel Container	275 x 4, [100
Buriel Compiner	AID 204 x 4 8/6-
Louise was a Morkor colling too	
Recording and filing tee(1) SEP	13 2005 50 x 4 200.
Sales taxes - July	21.31x4 85.24
	OPE CEMETERY Total Due 3853.29
11 Pards	0 00000 013 18
Ko	Paid receipt number K 3 10 9 965. W
- V 111	A STATE OF THE PARTY OF THE PAR
I hereby certify I am the X and this is your authority to make dis that I have the right to make this author any liability on account of said author	of the above named decedent specition of remains as above indicated. I certify and represent portration and I agree to hold Mt. Hope Cemetery harmless from rization and interment.
I hereby authorize the interment in io	X Diendo a Satero
hold under deed.	3031 DARMINA DRIVE
Signature of recorded holder of deed	X SAU DIEDO 92159
	Telephone 20 Code
	Invoice #
Work Order # E 1825	7 Acct. #

O Printed on recooled paper

This information is available in alternative formats upon request.

		Charles Control of the Control of th	BALANCE
Opened pre-need trust to include 4 open/clos	e		
fees and tax, 25% down R-57095	3853.45	963.00	2890.25
R 57284 coupen # 1		12013	27698
R-57481 NO COUPON		24086	252896
57743 14		1 1 1 1	228810
58404 NO CALLOW			2/6767
marled Certificial Delinquest letter			
R 3913 nocsupor			
MAN EN TH			50 45 4
	Opened pre-need trust to include 4 open/clos 4 TS Vaults, 4 handeling fees, 4 recording fees and tax. 25% down R-57095  #57384  #57848  58404  Mo Coupon  Marked Cartificial Defenses # lette.	Opened pre-need trust to include 4 open/close  4 TS Vaults, 4 handeling fees, 4 recording fees and tax. 25% down R-57095  A 57284  Compan # 1  R-57481  NO Compan  57743  600 CM 1060	Sec 2 Lot 124 Grs 1,2,3 & 5       DEBIT       CREDIT         Opened pre-need trust to include 4 open/close       4 TS Vaults, 4 handeling fees, 4 recording fees and tax. 25% down R-57095       3853.25         Fees and tax. 25% down R-57095       963.00         PS7284       100 Coupon       2 40.86         S7743       100 Coupon       100.43         58404       50 Coupon       120.43         58404       50 Coupon       120.43



## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

-	Deec
CH	

40	Date	4-04
You are hereby authorized and instructed, su	bject to your rules and regulations, to Int	er the remains
Micheal Ti tr	ce 351412	dey a
1a LINLY	Funeral, date, time Friday Ja	nighy 2
Type of Burlel Contenter Church, Chapel, Craveside	: Preferred	Mortuary.
Il Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of	f \$
rill be applied and billed to undersigned		
ot 43 Grave 4 Row	Section Division/Blo	<del>~</del> 12_
Brave space & Care Fund		9850
Additional spaces and care fund	PS A I PS	
Opening/Closing & Setup		413.0
Surial Container		209.0
landling Fees		160.0
lower vases - Marker setting fee MOUN	T HOPE CEMETERY	-
Recording and filing fee		50.0
Rales taxee		16:
	Total Due	1833.
Paid	receipt number MC Paid	1833.
Commo	Balance due	D
hereby certify I am the	of the above na	med decadors
and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certify a and I agree to hold Mt. Hope Cemetery	and represent
hereby authorize the interment in lot I	cagneture	
icid under deed.	Address	-3
Remailure of recorded holder of dead	City	Zip Code
1 otto	Telephone	\$ 1.5
And the second local resident of deed	Interior #	
Nork Order # E 18258	Invoice #	
WORK CITOOF # Now	Apot. #	

REA-104 (7-88)

This information is available in alternative formats upon request.

# MT HOPE CEMETERY - 18258

#### GRAVE BLIND CHECK FORM

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

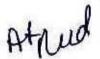
	x	
	Taylor	West
	Stevens	
Blind Check Initiated Interment space for: $\frac{1}{2}$	Michael T. Pri	ce
Div: <u>1</u> Sect:_1	Blk/Row:	Lot: <u>42</u> Gr: <u>4</u>
Grave Laid out by:		9
Agrees with Map:	Yes 🗆 No	No Flag or grave
Blind Check & Verifi	ed By:	Date:

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN

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

1A. NAME OF DECEDE Thomas	NT—FIRST (GIVEN) 18. MIDDLE Michael	IC. LAST (FAMILY) Price	Lekas	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
FA. CITY OF DEATH  Techte	- x & x	5B, COUNTY OF DEATH-		NAME, RELATIONSHP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT -
Preferred C	oress of California—Funeral director or Person / remation and Burial on Bouleyard Ste., A California 92104		APPLICABLE 85	521 Paradise Valley Road #230 mmildewellEnleatere22 91967 . SIGNATURE OF APPLICANT—Person taking permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF AP	PLICANT I hereby acknowledge as applicant that the proposed dispo Section 10376 of the Health and Safety Code, and was author			Mont Jal 10/ 1
	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 CHES NO MIGHT OF REPOSAL OUTSIDE OF CALIFORNIA.	\$13.00	98. DATE PERMIT IS	SUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  1718 > 2400944
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	ID. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA	₹.8	Box 85222	F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORNIA  FORNIA 92186-5222
A. BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER METERY SE	F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSID	DNIA DE OF CALIFORNIA	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER Mt. Hope Cametery 3751 Market Street		118. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO		as eventorization	12C. SIGNATURE OF PERSON A CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	D 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



### MT. HOPE CEMETERY

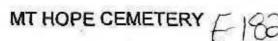
#### INTERMENT ORDER

City of San Diego

peraperilo, of

of	Helen	sted, subject to your rule	208613	
na _ Oi	inis.	Funeral, date, tim	. Wed 1	21 10:02
Church, Chap	Graveside Contains	;	awayi	Mortuary.
All Funeral cars i		p.m. of regular work o	lay or an extra char	ge of \$
will be applied ar	nd billed to undersign	ed	- 38 - 39	
La 12	Grave 12 R	ow Section	8 Division	/Block 5
Grave space & C	are Fund	<u>ි</u> ල	- ह्य	0
		*****************************		
Opening/Closing	& Setup	***************************************		<u> 413-</u>
Burial Container		PAID		209-
		The second secon		1607
Charles and the Control of the Contr		AN 1.6 2004		
	AND THE RESERVE OF THE PROPERTY OF THE PROPERT			50-
Spine 18YAS	MOUNT	HOPE CEMET		16.90
53.55 (5-55)				
		Paid receipt number _	20710	3 848-20
		r are receipt indition _	Balance o	
l basabu aadibi l	am the X.So	21	an enterny five or	307
and this is your	authority to make dis	orization of remains as a prization and I agree to h	boye indicated. I ce	rtify and represent
any liability on a	ccount of said author	zation and interment.	O A	tery nazimess from
Chai	Les Miles te the Interment in lot	1 10	reach	2. Kill
hold under deed		204	77-3354	
		Adjress	- Ni-a	6 92/04
Standard of moorded ho	Hier of deed	90	1 2129	Zip Code
tam	200	Telephone	619)28	110000
6.		Invoice #	017/18	10412
Work Order #	18259	Acct. # _		
REA-104 (7-95)	This	Information is available	e in alternative form	nats upon request.

@ Printed on recycled paper



#### GRAVE BLIND CHECK FORM

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

the burial	space.					
				4 4		
Shear		Smith		ed by	822	
Lev	iler	HIII	x	,	25	trop
		redy of	redy E	tenkins		Hec
Interment	space fo	or: 14. Ved	elen 1/2/	Time:	10:00	
		8 Blk Norma	1)			
Agrees wi	th Legal	<u>Yerma</u> Card: A∖Y XYes	es C	J No L	laa	00
Agrees w	th Map:	Yes	RI	10 1	7	some
Blind Che	ck & Ve	rified Bv.	VA X	11111	Date:	LMA

f-18259

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

105

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH   3. DATE OF DEATH   4. SE
HELEM	COZENS	HILL		01/15/1899 01/15/2004
SA. CITY OF DEATH	-	58. COUNTY OF DEAT	H-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
SAN DIEGO	\	ENTER STATE	SAN DIEGO	CHARLES HILL - SON
	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON SS VIEW CHAPEL 3953 IMPERIAL CA 92113	AVE	LIF. LICENSE NUMBER IF APPLICABLE	2427 33RD ST SAN DIEGO CA 92104 8A. SIGNATURE OF APPLICANT—Person taking parmit, 8B. DATE SIGN
ACKNOWLEDGMENT OF A	PFLICANT I bereby acknowledge as applicant that the proposed dis Section 10376 of the Health and Salety Code, and may seth	position stated herein is one of the	e dispositions authorized by	> faulite valent   01/19/20
PERMIT AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	BA. AMOUNT OF FEE F	NEWSTRAND OF STREET	
man who are a control of the control	BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDSPO BOX 852 SAN DIEGO CA 92186-5222	I IF		R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		70	FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC UI BURIAL		RY	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIE	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128, DATE CREMA	ATED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATIC
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARCO OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTE</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RI MAINS DISPOSER —IF APPLICABLE

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

## Atrud

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 1 14/04

You are hereby authorized and instructed, su	271416 ubject to your rules and regulations, to inter the remains
" Peter O'Neill	PA 2004 0798 2:00
ina pet po to lin	Multiples, date, time WIOI 1 21 12:50pt
Church, Chapel, Graveside	May 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	
Lor T Grave T Row_	Section Division/Block
Grave space & Care Fund	985-131 pu
Additional spaces and care fund	
Opening/Closing & Setup	413 485-
Burial Container	209 <del>138 PH</del>
Handling Fees	100-
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	10.30 <del>003</del> 6
in neil from PA Paid	receipt number R 57125 1833 70
0	Balance due
I hereby certify I am the X	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicated. I certify and represent in and I agree to hold Mr. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Del Hacked
Rignature of recorded holder of deed	City 20 Code
7	Telephone
- Jeu-	Invoice #
Work Order # E 18260	Acct. #

PAGE 02

S D PAPG

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FU-15-2004

15:06

ED HT. HOPE CEMENTERY + CONTRAD

E 18260

NO. 114

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		<b>k</b>	277
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All Patterns ware special andress business	250 p.m. of regular hand days	r em distra change of \$	
موالية كا الموالية المالية أماليكية حرا كان	49m4		•18 ) ¹
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Additional operational stem (494)		413 426	pu
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drief (Dife is your eastwelly to green the co	Appellan of Impellar to above	impound I pertly and represent	
any fairthy on alcount of each built	minutes and interment. San	ntego county offic	e of the Public
I havely endoutes the interpretty in filled under creed.			Ids ComerfordDoputy
		Ruffin Road	
The second second	San D1	ego 92123169	7
	₹ (000) (	074-578/	. 20

## MT HOPE CEMETERY E-19260

#### GRAVE BLIND CHECK FORM

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	owens	<b>X</b> · · ·	Davis	Bakır	
	2				
Blind Check Init nterment space nterment Date:	for: Pe	21	ACCORDING TO SECURE	_Date: Jeill 12:30	
Div: <u>Q</u> Sed Grave Laid out I		1)	Lot: .		
Agrees with Leg			J No	place	m
Agrees with Map	NAMES THE RESIDENCE OF THE PARTY OF THE PART	10	No	0	nave 20-09
Blind Check &	Verified By:	DAKK	7/	Date:/	-20-01

E-18260

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1,	PETER	NT-FIRST (GIVEN) 18. MIDDLE	1C LAST (FAMIL	70.0		OF DEATH 4. SEX
5/	EL CAJON		58. COUNTY OF ENTER STATE	SAN DIECO	8. NAME RELATIONSHIP, FULL MAILING ADD	
7,	Description of the property of the party of	DORESS OF CALIFORNA FUNERAL DIRECTOR OR PERSON AS MON GROVE MORTUARY DWAY - LEMON GROVE, CA 91945-	The state of the s	CALIF, LICENSE NUMBER —IF APPLICABLE  FD941	5201-A RUFFIN ROAD SAN DIEGO, CA 92123 EA SIGNATURE OF APPLICANT—PROMO NAME OF THE PERSON	SM. BB. DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed dispose Section 19375 of the Health and Safety Code, and was authorize			· and of	01/20/2004
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT, NOTE: THIS PERMIT CHES NO WANT OF REPOSAL DISPOSE OF CALFORNIA.	9A. AMOUNT OF F \$13.0	GEAR E. C		STRAR ISSUING PERMIT
1	NY CHANGE IN DISPOSI- ION REQUIRES A NEW BRANT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- ON SALE SECTION 1997. OF HEALTH SE SAN DIEGO, CA 92186-5222	RVICES		OF DISTRICT OF DISPOSITION— JR IN ANOTHER DISTRICT IN CAUFORNIA	•
10	A. BURIAL (INCLI		E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C. H. TRANSIT TO	T	FOR CORONER'S  DISPOSITION PENDING- (Name and Address)	ATTACA TO A CONTROL OF
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	<b>P</b> R	118. DATE BURIE	1. King E	ARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	RY	128. DATE CREMAT		
IL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY F	RECEIVING REMAIN	NS 138. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CI	NARGE OF FACILITY
OMPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		148, DATE SHIPPS	ED 14C. ADDRESS AND SIGNATURE OF OF PLACING WITH THE CARRIE	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICHENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		UF- 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.

## Afrid

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date gan 14, of

You are hereby authorized and instructed, subject of William Was	of to your rules and regulations, to inter the remains
0:	peral, date, time thi 1/23 11:00
Type of Burlai Conteiner	A Bridge Mortuary
Church, Chapel, Graveside	Health
All Funeral cars must arrive before 50.m. of r	egular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot <u>Lo9</u> Grave <u>3</u> Row	Section _ 2 _ Division/Block _ 12
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	AID 4/3
Burial Container	710
Hendling Fees	16 2004 /60 =
Flower values - Warker setting fee	138
Recording and filing feeMOUNT-H	ODE CEMETERY SO
Sales taxas	16.20
	Total Due
Paid reti	eipt number K - 57/04/97/.30
r and to	Belance due
V Father	Vegeta-construction of the transfer
I hereby certify I am the	of the above named decedent remains as above indicated. I certify and represent
that I have the right to make this authorization are any liability on account of said authorization and	nd I agree to hold Mt. Hope Cemetery harmless from
Arthur Wooddell	V Lange 1 101
hold under beet 6-04A11:26 PAID	Styratory ( )
100 BIOG 04811.20 1818	x 366 Lausanne du.
Signature of accorded holder of dead	X 30. 92/14
-	x 419) 243 5936
1000	Talaphana
- 100/4	Invoice #
Work Order # E 18261	And #

### MT HOPE CEMETERY E-1826

#### GRAVE BLIND CHECK FORM

		1				
	Ford	wilso,	177.1	(Deco)	-, 1,x	
•	Fore	l Hall	Callgrap	A CONTRACTOR OF THE PARTY OF TH	Zanta	
iterment	t space f	ited By:	elia	in W	Date:	1/13
iv:	id out h	: 2 Blk	/Row: _			_
grees w grees w	rith Lega	Card:	res	□ No (	ylag N	on ave
		erified By	MY		<b>_</b> •	1.22.0

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	. NAME OF DECEDE	A STANSON OF THE PARTY OF THE P	1B. MIDDLE	IC. LAST (FAMILY)	e Design	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
	WILL	LAM	EARL	WADDI		09/22/1962 01/11/2004 M
5.4	CITY OF DEATH	National	City	68 COUNTY OF DEAT	n Diego	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Arthur E. Waddell - Father
7 A		DORESS OF CALIFORNIA DECAL HOME	FUNERAL DIRECTOR OR PERS	ON ACTING AS SUCH 78. CA	ILIF LICENSE NUMBER IF APPLICABLE	366 Lausanne Drive San Diego CA 92114
	ACKNOWLEDGMENT OF M	I hereby ac	hational CiffeyCh bendedge as applicant that the proposed No of the Health and Salety Code, and was	dispusition stated herein is one of th		BA SIGNATURE OF APPLICANT—PERSON DAMES DETINE BB. DATE SIGNED    01/16/200
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFO AND 18 THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PRO- DRINIA HEALTH AND SAFETY CO Y FOR THE DISPOSITION SPECIFI RIGHT OF DISPOSAL OUTSIDE OF CALFOR	\$13.00	01/16/2	Manage / Barrier Ma
1	TY CHANGE IN DISPOSI- ION REQUIRES A NEW SMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF RE IF DEATH OCCURRES BOOK 85222,	GISTRAR OF DISTRICT OF DE ON CAUSONA San Diego CA 92	186-5222		A OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CAUFORNIA
10	AUTHORIZED DISP	OSITION(S) CHECK AP	PLICABLE ITEMS			FOR CORONER'S USE ONLY
	B. CREMATION		INS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT		I. DISPOSITION PENDING—REMAINS LOCATED (Mame and Address)
	BURIAL		DRESS OF CALIFORNIA CEMI Comptery, San D		118. DATE BURIE	D012
ME HEMO	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREM	MATORY	12B. DATE CREMA	
T WILLIAM	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACI	JTY RECEIVING REMAINS	13B, DATE RECE	EIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
WALLE IN	TRANSIT		DRESS IN RECEIVING STATE REMATED REMAINS ARE TO		148, DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
\$	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A COMMETERY		iest point on shoreline, or Vitify final place and ca <u>de</u>		15B. DATE OF DISPOSITION	15C, SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER — M APPLICABLE

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

## Prepusal

REA-104 (7-98)

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Defogen. 14, 84

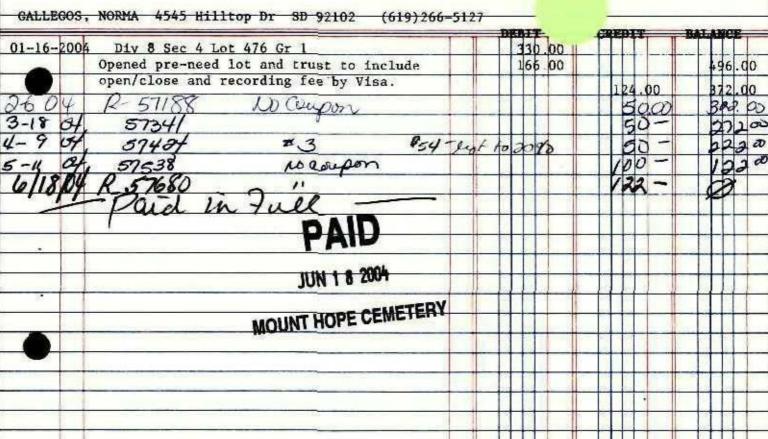
A-	Casilla	Charles and	
n a	Funeral, date, time		
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work de	y or an extra che	arge of \$
will be applied and billed to undersigne	d		
Lot 476 Grave 1 Roi	w Section _	4_ Divisio	on/Block_8
Grave space & Care Fund			330
Additional spaces and care fund			
Opening/Closing & Setup			116
Buriel Container	PAID		
Handling Fees			
Flower vases - Marker setting fee	JUN 1 8 2004		······
Recording and filing fee	·		
Sales taxes	IT HOPE CEME	TERY	
	7	otal Dua	496
	Paid receipt number	VISA	124
	3 4	Balance	A 1 1 -
I heraby certify I am the All I have the right to make disp that I have the right to make this authorizeny liability on account of said authorizen	rization and I acree to be	of the above indicated. I deleted Mt. Hope Cen	ove named decedent certify and represent netery harmless from
I hersby authorize the interment in lot I hold under deed.	<u>x4</u> 64	Juma 14 5 Hillto	allegos
Bignisture of recorded holder of deed  Law	Talaphone	n Dico 1-266-	
Work Order # E 18262	Involce #_		

O Printed on respeled paper

This information is available in alternative formats upon request.

WHITE ...... TO CUSTOMER

From: Norma Lelles	(619) 527-3400	april De de 8	9 0 92102	04
in	pre-ned	Dolla	ars (\$	E
Acct. No	TAMPED "PAID" IN THIS SPACE.  PAID	CREDIT 6700 20% Sales Care 7716 80% Sales 10 of Lots 7716 Opening/ 10 Closing 7716	40	
BALANCE DUE	APR 0 9 2004	Burial 10 Containers 7718 10 Handling Fee 7718 Recording & 10 Misc. Fees 7718	00 32 	
Pre-need Lot At Need On Acct Pre-need Trust Cash Check	MOUNT HOPE CEMETERY	Pre-Need 6303 Trust 7718 Sales Tax 6010 7839	96 90	
AC-212 (Rev. 10-02)  This information is available in alternative formats upon request.		TOTAL PAID	s <u>бо</u>	<i>∞</i>



tid .	MT. HOPE CEMETERY INTERMENT ORDER
wy games	City of San Diego  Date Open . 16 04
of	before 3985 p.m. of regular work day or an extra energe of \$
Lot 132 Grave 10 Grave space & Care Fund Additional spaces and care	D_RowSection
Opening/Closing & Setup Burial Container	PAID 116
Handling Fees Flower vases - Marker sett Recording and filing fee	MOUNT HOPE CEMETERY 50 -
Sales taxes Top	Cntr Total Due 297.73  Paid receipt number 57100  Balance due 747.73
that I have the right to make	o make disposition of remains as above indicated, I certify and represent this authorization and I agree to hold Mt. Hope Cemetery harmless from aid authorization and interment.
I hereby authorize the inter hold under deed.	X San Diego Calif 92102
Ram Bullette of deed from Bullette Work Order # E 18	7 (19, 239=49 u l Telephone #
Work Order # 1 V	This information is available in alternative formats upon request.

© Printed on regular paper

## MT HOPE CEMETERY E 18263

#### GRAVE BLIND CHECK FORM

	al space.	ii tile appre	opriate sp	400(0) 111	at and day	acon to
		Marilah	Rainwater			
	Johnson	Hodenlah Taylor	x			
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	neck Initial nt space fo		tam voly	m	_ Date: _	x &
		ni "	X	2 3 3 3 3	12:01	A STATE OF THE STA
Div:_\\	Sect:	2 BI	dRow:	Lot:	132	3r:_10_
Grave L	aid out by	DAR	riexi			_
Agrees	with Legal	Card: 0	Yes [	ON C	lag	m
Agrees	with Map:	☐ Yes		10	J J	grave
Blind Cl	neck & Ve	erified By:_			Date	v

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	ENT—FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)			DATE OF BIRTH	3. DATE OF MONTH, DA		4. SEX
Mary	Louise	Morris		Ó	MONTH, DAY, YEAR 01/13/1923	01/09/2		r
Saginav		58. COUNTY OF DEATH ENTER STATE	OUTSIDE CALIF.	OF INFO	RELATIONSHIP, FULL MORMANT  Jean Morr	AAILING ADDRE	SS AND ZIP	CODE
Bishop Mo:		¦ -/ <b>F</b>	F. LICENSE NUMBER APPLICABLE	38 E Sagi	laview Cou naw, MI 4	rt 8602		9 8
3444 Citr	us Street, Lemon Grove, CA 91		1673	BA. SIGNA	TURE OF APPLICANT	Person taking permit	88. DATE	SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed dispos Section 19376 of the Health and Salety Code, and was authorize				$\sim$	ا د	01/23	/2004
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: THE PERMIT WHEN NO MIGHT OF DEPOSIAL OUTSIDE OF CALFORNIA.	\$13.00	G. Mitche 01/23/20	e11	<ul> <li>c. signature of Lo</li> <li>2401732</li> </ul>	OCAL REGISTR	ar issuinc	PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CALIFORNIA	San	Diego Cour	UR IN ANOT	CT OF DISPOSITION— HER DISTRICT IN CAUPO HEALTH Dept. A 92186-5	P.O. 1	Box	•
A. BURIAL (INCLU	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVAL F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA	w	i. Disposition (Name and A	PENDING RE	MAINS LO	CATED A
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER Mount Hope Cemetery 3751 Market St., San Diego,	~	118. DATE BURIE		SIGNATURE OF PER	- /	GE OF BU	RIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	12B. DATE CREMA	TED   12C.	SIGNATURE OF PER			MATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECEI	VED 13C	SIGNATURE OF PER	ISON IN CHAR	GE OF FA	CILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S		148. DATE SHIPP		ADDRESS AND SIGN OF PLACING WITH 1		rson in (	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICHENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRIC</u>		158. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		D. LICENSE H OF CREAM MAINS DE —IF APPLI	ATED RE-

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



#### . MT. HOPE CEMETERY

#### INTERMENT ORDER

weed the graveof	City of San Diego  Dete1-20	1-04
You are hereby suthorized and instructor  Of William B	www 23 43	
in a D.D. (Print (A)) Church (Chapel) Graveside	Funeral, date, time Miday Xa. Ra as chale	4 - 25 f.00 Mortuery
The second secon	00 p.m. of regular work day or an extra charge of	MANAGARA NO.
will be applied and billed to undersign	ed	
	ow Section Division/Bit	xk
Grave space & Care Fund	FIS816 PAID	0_
Opening/Closing & Setup	JAN 2 0 2004	413.00
Provide the second seco	-15816	
Handling Fees	-MOUNT HOPE CEMETERY	-
Flower vases - Marker setting fee		
Recording and filing fee		50.00
Sales taxes E	-15816	
	Total Due	463.00
	Paid receipt number R-57107	463,00
	Balance due	0
I hereby certify I am the distribution of this is your authority to make distribut I have the right to make this authority liability on account of said authority DARA KNOX	position of remains as above indicated. I certify trization and I agree to hold Mr. Hope Cemetery zation and interment.	amed decedent and represent harmless from
hold under deed.	( 4333 MISSESIAD	157#1
Signature of recorded holder of deed	- KSAL DIEGO	92104
	F619-846-4465	Zlp Code
Paulette 10000	SALESSA OS	
Work Order # E 18264	Invoice #	92 192
REA-104 (7-96) This	information is available in alternative formats	upon request.

## MT HOPE CEMETERY E-18264

#### GRAVE BLIND CHECK FORM

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

Stureiz

2 form	Coleman	payre	X	Lampk	n
-					
			ulette	Burno	1-20-0f
Intermen	t Date: 1	23/04	Time	: 1:00 Lot: <u>2</u> 920 (	
Grave I a	id out by	Nor.	F.		
Agrees w Agrees w	rith Legal ( rith Map:	Card: ZYY Yes	es ON	Flago	n garage
Blind Ch	eck & Ver	ified By	MIF	Date	1.2009

E-18264

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME	OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAI	AILY)			DATE OF DEATH	
W1	lliam		S=	Burns			6472371914 d	1/18/2004	M_
SA. CITY	OF DEATH				DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAIL ORMANT	ING ADDRESS AND	ZIP C
S	an Dieg	go		ENTER STA	San Diego	Zai	nab Cheeks, G	randdaugh	ter
			MA FUNERAL DIRECTOR OR PERSON TOTUSTY, 5050 Fede		7B. CALIF. LICENSE NUMBER —IF APPLICABLE	165	5 49th Street Diego, CA 92		<b>6</b> 8
San	Diego,	CA 92102			FD-1329		TURE OF APPLICANT—Person	Grand Control of the	ATE SIGNED
ACKHOW	VLEDGMENT OF A		y acknowledge as applicant that the proposed dis- 10376 of the Health and Safety Code, and was auth-	erized persuant to Section	7100 of the Health and Safety Code.		in langue	Name and Address of the Owner, where	20/2004
AUTHORIZ	RMIT ZATION OF REGISTRAR	SIONS OF THE CAL AND IS THE AUTHOR IN THIS PERMIT.	SUED IN ACCORDANCE WITH PROVI- IFORMIA HEALTH AND SAFETY CODE RITY FOR THE DISPOSITION SPECIFIED I NO NIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	14.11.100000000000000000000000000000000	01/20/200 B. Camp	04	2401461	L REGISTRAR ISS	UING PERMIT
PERMIT TO	DE IN DISPOSI- JIRES A NEW SHOW FINAL DISTRON.	Vital Rec	REGISTRAR OF DISTRICT OF DEAT RED IN CALIFORNIA Ords, P.O. Box 852 , CA 92186-5222	Salay I	9E. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CAUFORN	A	-
10. AUTHO	ORIZED DISPO	DSITION(S) CHECK	APPLICABLE ITEMS		-		FOR CORO	NER'S USE ON	LY
De P	CREMATION DISPOSITION A THAN IN A CE DISCIENTIFIC US		MAINS OTHER	F. DISINTERME G. SHIP IN TO H. TRANSIT TO			☐ (Name and Add	(001)	_
BL	URIAL	Mt. Hope	ADDRESS OF CALIFORNA CEMETE Cemetery, 3751 Ma o, CA 92102	rket Stre	et 118. DATE BURIE 1-23-0		SIGNATURE OF PERSO	N IN CHARGE OF	BURIAL
CRE	MATION	12A, NAME AND	adoress of California Cremat	FORY	128. DATE CREMA	TED 12C	SIGNATURE OF PERSO	IN CHARGE OF	CREMATION
3	ENTIFIC USE	13A. NAME AND	ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REM	AINS 138, DATE RECE	IVED 13C	SIGNATURE OF PERSO	n in Charge of	FACILITY
TR.	IANSIT		ADDRESS IN RECEIVING STATE OR R CREMATED REMAINS ARE TO BE		E 14B. DATE SHIPE	ED 14C	ADDRESS AND SIGNAT OF PLACING WITH THE		IN CHARGE
SCATTE	ERING AT SEA OR SITION OTHER I A CEMETERY		earest point on shoreline, or o Dentify final place and ca <u>distr</u>				SIGNATURE OF PERSO CHARGE OF DISPOSITI	ON OF C	ESE NUMBER REMATED RE- S DISPOSER APPLICABLE

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

# Atud

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date Open 21,04

You are hereby authorized and instructed, subject to you	
a Jimmie Whi	Iney 27 1434
ina PP Crupt Funeral, da	te, time 524 11:00
Church Chapel, Graveside	: Racedale Mortuery.
All Funeral cars must arrive before \$300 p.m. of regular will be applied and billed to undersigned.	work day or an extra charge of \$
will be appress and briefs to throughout.	
Lot 10 1 Grave 11 Row Se	
Grave space & Care Fund	UNS .
Additional spaces and care fund	2 (0lo) -
Opening/Closing & Setup	413
Burlal Container FAID	418-
Handling Fees JAN 2 1 2004	392
Flower vases - Marker setting fee	
Recording and filing fee MOUNT HOPE CEM	_ 50 ⁻
Sales taxes	32.40
	Total Due
Paid receipt num	Der 1/139 2910.40
CARLOS CONTRACTOR CONTRACTOR FOR PROJECT	Balance due
I hereby certify I am the X Sister	of the above named decedent
and this is your authority to make disposition of remains that I have the right to make this authorization and I agre any liability on account of said authorization and interme	s as above indicated. I certify and represent to hold Mt. Hope Cometery harmless from
Shule Mills V	the chart
I hereby authorize the interment in lot I hold under deet - 04 A 09:23 CFMD	Francy Jones
ALC:	3/34 Casa foreta Mi
Signature of peering lickfor of deed Car	Danielau 9/902 Zp Code
fam-	(619) 267-3866
1370.50	ice #
Work Order # E 18265 Acc	

### MT HOPE CÉMETERY E 18265

#### GRAVE BLIND CHECK FORM

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_				Lugar		
	(35)	ofney	X	1 0	<u> </u>	
	Joseph	Skiteman	Burers		65	
	1	1	<u> </u>	1	1	
			tam.		Date: _	191
nterme	nt space f	or:1	mme	whe	they	
nterme	nt Date:	est 1	N	Time:		00
) :viC	Sect:	<u> </u>	lk/Row:	Lot:	101 c	Sr:_
Grave L	aid out by	well	rem F.	ayore	~	
Agrees	with Lega	Card:	Yes (	J No	plag	M
Agrees	with Map:	Yes	201	No	9	owe
Blind Cl	heck & Ve	erified By:	407	B-	Date	May
	3					

CHARGE OF DISPOSITION

#### APPLICATION 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 IC. LAST (FAMILY) 3. DATE OF DEATH 4. SEX MONTH DAY, YEAR MONTH DAY, YEAR 06/08/1943 Whitney 01/18/2004 Jimmie 5A CITY OF DEATH 8. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 58. COUNTY OF DEATH-OUTSIDE CALIF. ENTER STATE OF INFORMANT San Diego San Diego Shirley J. Mills, Sister 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ! 7B. CALIF, LICENSE NUMBER 3134 Casa Bonita Drive IF APPLICABLE Anderson-Ragsdale Nortuary, 5050 Federal Blyd. Bonita, CA 91902 San Diego, CA 92102 FD-1329 BA. SEGNATURE OF APPLICANT—Person taking serent, 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herfan 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. ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 19A, AMOUNT OF FEE PAID 9B, DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 01/23/2004 2401762 **AUTHORIZATION OF** IN THIS PERMIT. 13.00 R. Campbell MOTE: THIS PERMIT CIVES NO MIGHT OF IMPROSIN OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOS IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records, P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION San Diego, GA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY E. TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTOMEMENT) I. DISPOSITION PENDING REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C SIGNATURE OF PERSON IN CHANGE OF BURIAL Mt. Hope Cemetery, 3751 Market Street BURIAL San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF CERSON IN CHARGE OF CREMATION CREMATION APPLICABLE 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C SIGNATURE OF PERSON IN 15D. LICENSE NUMBER

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

DISPOSITION

FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

OF CREMATED RE-

MAINS DISPOSER

-IF APPLICABLE

SCATTERING AT SEA

DISPOSITION OTHER

THAN IN A CEMETER

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

At Need

<i>د</i> ٦	SE 2017/25		Date 1 - 3	20-04
You are hereby authorized	and instructed, subjective Strider		d regulations, to in	nter the remains
ina T, S. Vau	et Fund	eral, date, time	hurs Jas	22 IO
Church, Chapel, Gravesid	5	: <u>Fe</u> ,	4 therting	// Mortuary.
All Funeral cars must arriv	e before 3:30 p.m. of re	egular work day o	an extre charge	of \$
will be applied and billed t	undersigned			
Lot 219 Grave_	/Row	Section	Division/B	lock 10
Grave space & Care Fund		-8613		. <del>- 7)</del>
Additional spaces and car	e fund	A CONTRACTOR OF THE PARTY OF TH		
Opening/Closing & Satup.	PAI	η		413.00
Burial Container	CONTRACTOR OF THE PROPERTY OF			275,00
Handling Fees	JAN 2 0 2	004	·····	204.00
Flower vases - Marker se	tting fee	·····		
Recording and filing fee	<b>OUNT HOPE C</b>	EMETERY		50,00
Sales taxes	·····			26,7
		Tota	l Due	460.5
	Paid rece	ipt number &—	57110	2633
	20 100		Balance due	0
I hereby cartify I am the and this is your authority that I have the right to ma any liability on account of	ke this authorization an	d I agree to hold N	Indicated. I certif	named decedent by and represent by harmless from
	2224	Cat	lus Turi	ner
I hereby authorize the inte hold under deed.	TITMENT OF I	Hgneture 48.20	GARFIEL	
Signature of recorded holder of steed	All T	Address LA V	MESA CA	91941
		CR (619)	698-129	/ Zhp Code
Ante		Telephone		12.15-2-117 FC

REA-104 (7-96)

This information is available in alternative formats upon request.

18266

### MT HOPE CEMETERY E 19264

#### GRAVE BLIND CHECK FORM

		313 <b>X</b> *	McGare	Darli
	Pakin	Nesd		
Blind Check Ini Interment spac Interment Date	e for: Cat	herine	Strid Time: 2	ej
Div: 10 Se	oct:	Blk/Row: _	Lot:=2	
Grave Laid out	by: Now	unter	quan	
Agrees with Le	gal Card: 8	1 Yes	o'N∘	11.
Agrees with Ma	ap: A Yes		No (	109
Blind Check &	Verified By	Man	terant	Date: 1/2//

E78266

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLA	CK INK ONLY-MAKE	NO ERASURE	S, WHITEOUTS OR C	THER A	LTERATIONS		USA	
IA. NAME OF DECED			IC. LAST (FAM			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF		4. SEX
Catherine		lizabeth	Stride	T		08/22/1921	01/18/		r
San Diego	35		58 COUNTY OF ENTER STAT	DEATH—OUTSIDE CALIF.,  E SanDDiego	OF IN	RELATIONSHP, FULL M FORMANT BY LYNN TURN	er construigher resp		Spirites.
Featherin	DORESS OF CALIFORNA—FUN gill Mortmary:	6322 El Cajon	CTING AS SUCH 7	B. CALIF LICENSE NUMBER —IF APPLICABLE	4820	Garfield S	t. 41		
San Diego	, CA 92115-5222	Short and the control of the control		FD-1083	BA SIGN	ATURE OF APPLICANT	erson taking permit		
ACKNOWLEDGMENT OF A		as applicant that the proposed dispor- Health and Safety Code, and was authori			1	2 mes	- 1	01/1	9/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN A SIONS OF THE CALIFORNIA HAND IS THE AUTHORITY FOR THE THIS PERMIT GIVES NO RIGHT OF	MEALTH AND SAFETY CODE THE DISPOSITION SPECIFIED	9A. AMOUNT OF 13.00	O1/21/2 C. Magga	004	96. SIGNATURE OF LO 2401530	CAL REGISTRA	ur issum	g permit
ANY CHANGE IN DISPOSE- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRA IF DEATH OCCURRED IN CA P.O. Box 8522 San Diego. CA	LIFORNIA 2		IE. ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			OTEA.		
B. CREMATION C. DISPOSITION THAN IN A C. D. SOIENTIFIC U			F. DISINTERMEI G. SHIP IN TO ( H. TRANSIT TO		V	(Name and A	ddresa)		
BURIAL		of California Cemeter tery: 3751 Mar 92102		118. DATE BURIL		SIGNATURE OF PER	SON IN CHAR	GE OF BU	RIAL
CREMATION	12A. NAME AND ADDRESS	OF CALIFORNIA CREMATO	DRY	12B. DATE CREMA	ATED 120	SIGNATURE OF PERS	SON IN CAPARG	E OF CHE	MATION
SCIENTIFIC	13A. NAME AND ADDRESS	OF CALIFORNIA FACILITY	RECEIVING REMA	INS 13B, DATE RECE	IVED 130	SIGNATURE OF PER	SON IN CHAR	GE OF FA	CILITY
TRANSIT		IN RECEIVING STATE OR TED REMAINS ARE TO BE		14B, DATE SHIP	PED 140	OF PLACING WITH T		rson in	CHARGE
SCATTERING AT SEA	FICIENT TO IDENTIFY F	OINT ON SHORELINE, OR OTH INAL PLACE AND CA DISTRIC			N 150	CHARGE OF DISPOS		OF CREM	ATED RE-

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



THAN IN A CEMETERY

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Park Hereby authorized Funeral, date, time Type of Burks Consisted  Mortuary.  All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$  will be applied and billed to undersigned.  Lot Hord Grave Flow Flow Flow Flow Flow Flow Flow Flow	Dee-netrust cityo	of San Diego Date 1/21/04
Church, Chapel, Graveside	You are hereby authorized and instructed, sub	ect to your rules and regulations, to inter the remains
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$  will be applied and billed to undersigned.  Lot 49 Grave Row Section Division/Bleck. 8  Grave space & Care Fund 330.00  Additional spaces and care fund Depring/Closing & Setup.  Burial Container  Handling Fees Flower vases - Marker setting fee Hours of the space of	Type of Burtel Container	uneral, date, time
will be applied and billed to undersigned.  Lot 49 Grave		
Grave space & Care Fund  Additional spaces and care fund  Opening/Closing & Setup  Buriel Container  Handling Fees  Flower vises - Marker setting fee  Sales laxes  Flower vises - Marker setting fee  Sales laxes  Flower vises - Marker setting fee  Flower vises - Marker setting fee  Belance due  Total Due  To	DOMESTICS CONTRACTOR OF THE WARRING OF THE CONTRACTOR OF THE CONTR	of regular work day or an extra charge of \$
Grave space & Care Fund  Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases - Marker setting fee  MOUNT MOFE CEMETERY  50.00  Recarding and filing fee  Sales lexies  Total Due  T	will be applied and billed to undersigned	
Additional spaces and care fund  Opening/Closing & Setup  Burial Container  Handling Fees  Flower vases - Marker setting fee  Recarding and liting fee  Sales lexels  Pall D Warned  Handling Fees  Flower vases - Marker setting fee  Recarding and liting fee  Recarding and liting fee  Pall D Warned  Handling Fees  Flower vases - Marker setting fee  Recarding and liting fee  Recarding and liting fee  Flower vases - Marker setting fee  Recarding and liting fee  Flower vases - Marker setting fee  Recarding and liting fee  Flower vases - Marker setting fee  Flower vases - Mark	Lot 429 Grave / Row	
Flower visces — Marker setting fee  Rectarding and filing fee  Sales leaves — Total Due — 196.00  Paid received law the rectard to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition and I agree to hold Mt. Hope Cemetery harmless from any liability on account of sald authorization and Interprent.  Thereby authorize the informent in lot I hold under deed.  Solicitive durables grow and interpreted account of sald authorization and I hold under deed.  Solicitive durables grow authorize the informent in lot I hold under deed.  Thereby authorize the informent in lot I hold under deed.  Solicitive durables grow authorized grow and interpreted grow authorized grow author	Grave space & Care Fund	330.00
Flower visces — Marker setting fee  Rectarding and filing fee  Sales leaves — Total Due — 196.00  Paid received law the rectard to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition and I agree to hold Mt. Hope Cemetery harmless from any liability on account of sald authorization and Interprent.  Thereby authorize the informent in lot I hold under deed.  Solicitive durables grow and interpreted account of sald authorization and I hold under deed.  Solicitive durables grow authorize the informent in lot I hold under deed.  Thereby authorize the informent in lot I hold under deed.  Solicitive durables grow authorized grow and interpreted grow authorized grow author	Additional spaces and care fund	DAID - A.V.
Flower visces — Marker setting fee  Rectarding and filing fee  Sales leaves — Total Due — 196.00  Paid received law the rectard to make disposition of remains as above indicated. I certify and represent that I have the right to make disposition and I agree to hold Mt. Hope Cemetery harmless from any liability on account of sald authorization and Interprent.  Thereby authorize the informent in lot I hold under deed.  Solicitive durables grow and interpreted account of sald authorization and I hold under deed.  Solicitive durables grow authorize the informent in lot I hold under deed.  Thereby authorize the informent in lot I hold under deed.  Solicitive durables grow authorized grow and interpreted grow authorized grow author	Opening/Closing & Setup	AID warmed for HGOO
Recarding and filling fee  MOUNT MORE CEMETERY  50.00  Sales locke  Sales locke  Sales locke  Total Due  Total Due  Total Due  Total Due  Total Due  Total Due  Balance dise  Total Due  To	Burial Container	AN 2 1 2004
Recording and filing fee	1 - /1	A 1/
Total Due	Flower values - Marker setting fee	MOPE CEMETERY 50.00
Paid receipt number 2-571/6 100.00  Balance due 36.00  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 informent in lot I hold under deed.  Solution of the above named decedent and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.  I hereby authorize the informent in lot I hold under deed.  Solution of the above named decedent and the same and interment.  Address 9 998 20 coss  Telephone  Invoice 9 Invoice 9		
Paid receipt humber 2-5716 100.00  Balance due 36.00  I hereby certify I am the of the above native decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mit. Hope Gemetery harmless from any liability on account of said authorization and interpent.  I hereby authorize the interment in lot I hold under deed.  Supraire 1756 Winnett 81  Address 9 9998 26 Code  Telephone  Invoice 9	Sales lexes	7 Total Day 496-04
I hereby certify I am the	WHAT OF BOOK OF HOW	I COM LANG.
I hereby certify I am the	MOLD ISO ISO	
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interprent.  I hereby authorize the inflamment in lot I hold under deed.  Solphia durbyled give diese.  Solphia durbyled give diese.  Invoice # Invoice	I hereby certify I am the Ture	of the above named decodert
I hereby authorize the inflamment in lot I hold under deed.  Solition direction and interprent:    Harmala Har	and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
Substitute of the state of the	any liability on account of said authorization at	nd interprent:
Solition of religion of good ( 190 255 9998 20 Cooks Totaphicons	I hereby authorize the informent in lot I	Humala 12
City 6(9) 255 9998 20 Cools Totaphone Invoice #	1) St 100 Mins	Address O C 114
aulette 18267 Invoice	Schicite of support spilor diagram	619) 255 9998 20000
E 18267	\	Telephone
Work Order # [ 1020/ Acct. #	auleu = 10267	Invoice #
	Work Order # E 10207	Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Hetzel	Pam 1756 Winnett Street, S.D. CA 92114		(619) 25 BIT CREE		BALANCE
1-21-04	Opened pre-need lot & trust account w/25%		380.00		380.00
n/200 y	down. Trust includes: O/C Waived, Recording & Filing Fee \$50.00. Paid by check R-57116. Division 8 Section 4, Lot 429, Grave 1	7829		3500	245.00
•		<i>a</i>			

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

206523	Date_1-20-09
You are hereby authorized and instructed, subj	ect to your rules and regulations, to inter the remains
a you Lenard	Daker Sr.
ina Fu	meral, date, time
Type of Burial Container Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	f regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot / 2_ Grave	Section _ / Division/Block _ / 2
Additional spaces and care fund	
0. 11011	41300
Buriel Container BAII	209.00
Burial Container	(60.00
and the second s	
Flower vases - Marker setting feath 2-1-2	
Recording and filing fee	10 34
Sales 19X95 MOUNT HOPE C	
550707	D-C2/20 848 20
Paid re	ceipt number <u>R-57120</u> 848.20
	Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization of any liability on account of said authorization and 20652:	
I hereby authorize the interment in lot I hold under deed.	217 San Jacinto R
10-10-10-10-10-10-10-10-10-10-10-10-10-1	E D (A. 92114)
Paul Du	(6 19) 264-8309 Za Code
- X / Pa M	Invoice #
Work Order # E 18268	Acct. #

#### MT, HOPE CEMETERY

## INTERMENT ORDER 01-23-04A09:59 RCVD

City of San Diego

++	. 1
0.1	ol w/ Roy
100	or w/ Ray
88	0 (

Date Soun

0 (. )	0
	ubject to your rules and regulations, to inter the remains
In a ASh Valut	Funeral, date, time Wed 1/28 -1100
Church, Chapel Consolidat Church	Mortuary.
All Funeral cars must arrive before 6.60 p.m.	or regular work day or an extra charge of \$
3.00 will be applied and billed to undersigned	
Lot 250 Grave Row	
Grave space & Care Fund	P1570 <u>-</u>
Additional spaces and care fund	
Opening/Closing & Setup	
Burlal Container	PAID 61-
Handling Fees	_ (%-
Flower vases - Marker setting fee	FEB 9 4 2004
Recording and filing fee	_ 50 ~
Sales taxed	MOUNT HOPE CEMETERY 413
	Total Due
Westnessed & bands born	receipt number R-57165 297.73
0 0	Balance due
I hereby certify I am the X	of the above named decedent n of remains as above indicated. I certify and represent
that I have the right to make this authorization	n and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and marman.
I heraby authorize the interment in lot I hold under deed.	Signature A 1 (V
THOSE STATES	Address A Lt Labor
Signature of recorded holder of deed	City Zio Dode
()_	Tolkohom
ram	
F 18269	Invoice #
Work Order # E 10207	Acct. #

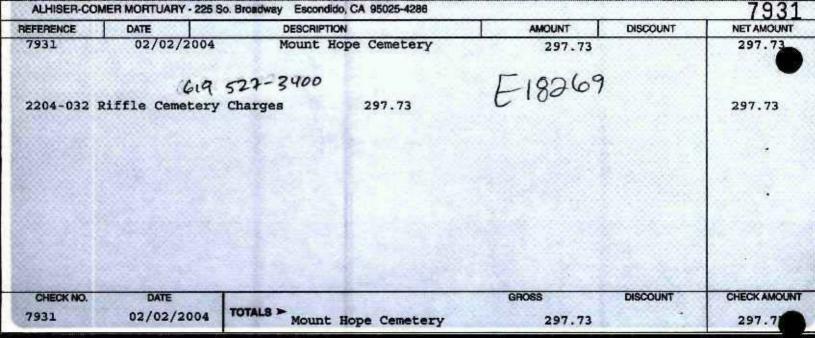
F18269

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT_EIRST (CIVEN)	18. MIDDLE	1C. LAST (FAM	- 10	ECO13 ON C		DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Edith	itt indi (divery	C.					703/1917	01722/2004	
A CITY OF DEATH  LECONDISO  A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON A  Lhiser-Comet Horthary  25 S. Broadway Escondido CA 92025		58, COUNTY O ENTER STAT San D PERSON ACTING AS SUCH	5B, COUNTY OF DEATH — OUTSIDE CALIF. 6.1 ENTER STATE SAN DIEGO ACTING AS SUCH 7B, CALIF, LICENSE NUMBER — IF APPLICABLE		6 NAME, RE OF INFOR Fred 1 10346 San Di	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COD OF INFORMANT FREE RIFFLE SON 0346 Rencho Carmel Dr. SAN Diego CA 92128 SIGNATURE OF APPLICANT—Person bases powers: 88. DATE SIGNED			
ACKNOWLEDGEMENT OF A	PPLICANT I hereby adm of the Health	rowledge as applicant that the proposed of and Safety Code, and was authorized pu	Seposition stated herein is one of the di- rousni to Section 7100 of the Health an	spositions author d Safety Code.	ized by Section 103055	<b>&gt;</b>	11. 250	97	41.4
HITHORIZATION OF	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE A ISPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CO	AUTHORI	amminos	98. DATE PERMIT 01/27/20 L. Cha	04 24	SIGNATURE OF LOC	AL REGISTRAR ISSUING	PERMIT
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A BURIAL (INCLUDE:  B. CREMATION  C. DISPOSITION OF THAN IN A CEME  D. SCIENTIFIC USE	CREMATED REMAINS (TERY	DORESS OF CALIFORNIA C		LIFORNIA LUTSIDE OF		) 11C.S	(Name and Addre	ENDING — REMAINS LO	9
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SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHOREL DIDENTIFY FINAL PLACE A SEA, <u>ONLY</u> ENTER LATITUD	ND CA DISTRICT OF DISP		5B. DATE OF DISPOSITION	CONTRACTOR (CO.)	IGNATURE OF PEI HARGE OF DISPO	SITION CREMATED	ISE NUMBER O PREMAINS DIS 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.



What Hope cemetery E 1806

#### GRAVE BLIND CHECK FORM

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ALHISER-COMER	Fax:760-745-5259	Jan 24 '04 10:	09 P.02
B1/23/2004 11:07	SD MT, HOPE CEMENTERY + 91	7827455259	NO. 133 - 64
	SALUATA MAKABATAN SALA	N-10	10.133
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	MT. HOP	E CEMETERY	
A	t a interme	ENT ORDER	
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Fax:760-745-5259

ALHISER-COMER

P. 01 P. 001

Jan 24 *04

TEL: 8584845961

13:41

## Atud

REA-104 (7-98)

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego-23-04A10:14 RCVD

This information is available in alternative formats upon request.

You are hereby authorized and instructed, s	ubject to your rules and regulations, to	Inter the remains
or Charles Cal	Funeral, date, time Hen 12	to 10:30
Type of Burlal Container Church, Chargest, Graveside	ney Roardal	O Mortuary
All Funeral cars must arrive before \$30 p.m.	of regular work day or an extra charg	e of \$
will be applied and billed to undersigned		
Lot 98 Grave 1 Row_	Section Division/	8 S
Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup	11D,	
Burial Container	R.10	
Hendling Fees	2 902004	
Flower vases - Marker setting fee	W TERY	
Recording and filling fee	OPE CEMETERY	S0-
Sales taxes MOUNT	ν.	140
ill pa 3 dun Edward		496-
	receipt number 260313	<del>-4</del> 96-
	Belance du	-
I hereby certify I am the		named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n of remains as above indicated. I centre and I agree to hold Mt. Hope Cemete	tify and represent
I hereby authorize the interment in lot I hold under deed.	Styrators	Red_
The state of the s	Selfol	2
Signature of recorded holder of deed	X D D	Zin Code
Da	X W	
ram	Telephone 2001	10
F 10070	Invoice #	000
Work Order # E 18270	Acct. #	452

© Printed on recycled paper

## MT HOPE CEMETERY 18270

#### **GRAVE BLIND CHECK FORM**

			X	proons		
		Caseball		Gomer		
Blind Che	eck Initia	ated By:	ram		_ Date:	1/23
Interment	t space	for: Charl	Jesa?	nym	a Col	lowery
Interment	t Date:	don 1/2	6	Time:	10:3	30
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Agrees w	ith Map	· Ves	0	No /	000	Jun -
Blind Che	eck & V	erified By	Da.	Snul	Date:	m yearl 1-24-09

E-18270

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1

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

The state of the s	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH   3. DATE OF DEATH   4. SEX
arles			Calloway		06/27/1926 FND 12/15/2003 M
San Die			58. COUNTY OF DEAT ENTER STATE Sam	Diego	s name relationship full mailing address and zip code of informant.  John L. Edwards, Public Administra
		rtuary, 5050 F	ERSON ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER	5201-A Ruffin Road
San Diego,	[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	rtuary, 5050 F	ederer prod i	parameter a	San Diego, CA 92123 84_SIGNATURE OF APPLICANT—Person towns permit, BB. DATE SIGNED
ACHNOWLEDGMENT OF N	DOS STANT   Thereby a		osed disposition stated berein is one of the was authorized pursuant to Section 7100 of the	dispositions authorized by	Cha Causher 101/06/200
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GYES IN	IED IN ACCORDANCE WITH P ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPEC D MIGHT OF DISPOSAL OUTSDE OF CAL	PROVI- CODE CIFIED 13.00		159UED, 9C. SIGNATURE OF LOCAL REGISTRAN ISSUING PERMIT
NY CHANGE IN DISPOSIT	Vital Reco	GISTRAR OF DISTRICT OF D IN CAUPODNIA rds, P.O. Box I , CA 92102	1 16		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CAUFORNIA
. AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS	To the second second		FOR CORONER'S USE ONLY
A. BURIAL (INCLU B. CREMATION	UDES ENTOMBMENT)		F. DISINTERMENT		DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
		AINS OTHER	G. SHIP IN TO CALIFO	ORNIA SIDE OF CALIFORNIA	
C. DISPOSITION	Mt. Hope	ODRESS OF CALIFORNIA CE Cemetery, 3751 D, CA 92102	H. TRANSIT TO OUTS		$\sim 4-00$
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	IIA NAME AND AI Mt. Hope San Dieg 12A NAME AND AI CSI Crema	DORESS OF CALIFORNIA CE Cemetery, 3751 O, CA 92102 DDRESS OF CALIFORNIA CE	h transit to outs  Market Street  REMATORY  Inc.; 2570 For-	118. DATE BURIED  126/04  128. DATE CREMATE	Kennett Collins
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	11A NAME AND AT Mt. Hope San Dieg 12A NAME AND AT CSI Crematune Way;	DORESS OF CALIFORNIA CE Cemetery, 3751 O, CA 92102 DORESS OF CALIFORNIA CE TION SERVICES, Vista, CA 9208	h transit to outs  Market Street  REMATORY  Inc.; 2570 For-	118. DATE BURIED  126/04  128. DATE CREMATE  1-19-09	Kennett Collins
C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	Mt. Hope San Dieg  12A NAME AND AT CSI Crema tune Way; 13A NAME AND AC	DORESS OF CALIFORNIA CE Cemetery, 3751 O, CA 92102 DORESS OF CALIFORNIA CE TION SERVICES, Vista, CA 9208	H. TRANSIT TO OUTS  METERY  Market Street  REMATORY  Inc.; 2570 For-  83  ICILITY RECEIVING REMAINS	118. DATE BURIED  126/04  128. DATE CREMATE  1-19-09	ED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

COPY 1

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

VS9 (REV. 6/91)

619 527 3403 MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diagh-23-06A10:14 RCVD

Date 1-23-04

in 4	Funeral, dans. Wine Men 1240 10:30
Church Chapper Companies Col Co	Ou : Ragedala Morrows
All Funeral care must arrive bulere 2009 m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
LOT 98 Grave 1 Acres	Section_L_L_Division/Bax. 8
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Opening/Closing a Satup	_عالـ
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	her of Es lette of the above named decedent
I hereby certify I am the Action is here and this is your explority to make the disposition that I have the right to make this matherization any liability on eccount of said authorization a	of remains as above indicated. I coulty and represent
and this is your exercity to make disposition that I have the right to make this watherization	of remains as above indicated. I coulty and represent
and this is your authority to make disposition that I have the right to make this sutherization any liability on account of said authorization a I hareby authorize the interment in its I	of remains as above indicated. I coulty and represent

## atud

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego-23-04A10:17 RCVD

	-6	Date	
	2.	21450	
You are hereby authorized and in		les and regulations, to inte	r the remains
or my	a Calla	way o	¥
in a	Funeral, date,	time Morbi ap	10,30
Church, Chapel, Graveside	Donly	: Kaasdale	Mortuery.
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	raid receipt number		2
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I hereby certify I am the X and this is your authority to make	a diamonthism of remains as	of the above nar	ned decedent
that I have the right to make this any liability on account of said au	authorization and I agree to	hold Mt. Hope Cemetery	nemiless from
any manany on account or said at	parameter and interment.		_
I hereby authorize the Interment	in lot I		1)
hold under deed.	X .	Madel	
Stansture of recorded holder of deed	— X	C Juli	
	2	a	Zip Code
tam	Telephone		
H S	Invoice	. 393114	
Work Order # E 182	71	2229	53
WORK ORDER #	Acct. #		201

REA-104 (7-96)

This information is available in alternative formats upon request.

E18271

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	1	2. DATE OF BIRTH	
Myra		Elizabeth	Calloway			
SA. CITY OF DEATH	San Diego		ENTER STATE	TH-outside calif	OF INFORMANT	L MAILING ADDRESS AND ZIP CODE
A TYPED NAME AND AD		IA-FUNERAL DIRECTOR OR PERS			Charles Callo 2782 1/2 Isla	
Anderson-R	agadale Mo	rtuary, 5050 Fed	eral Blvd	HF APPLICABLE	San Diego, CA	
	. CA 92102		And the second s	-1329		T—Person taking permit, 88. DATE SIGNER
ACKNOWLEDGMENT OF A	Thereby i	echnowledge as applicant that the proposed 1976 of the Health and Safety Code, and was	disposition stated herein is one of t authorized pursuent to Section 7100 of	the Health and Safety Code.	Etlan Can	Dece 01/21/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO CORNIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFI ID NIGHT OF DISPOSAL OUTSIDE OF CALIFOR	DOE IED	98 DATE PERMIT 01/23/20 B. Campb	04 2401724	LOCAL REGISTRAR ISSUING PERMI
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	9D. ADDRESS OF R	EGISTRAR OF DISTRICT OF DE	ATH— 9E A	DORESS OF REGISTRAR	OF DISTRICT OF DISPOSITION IR IN ANOTHER DISTRICT IN CA	
DISPOSITION.		CA 92106-5222	224			
10. AUTHORIZED DISPO					FOR C	ORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	38		- 1 TO 12 (1988) 1 TO 1 T	FORNIA ISIDE OF CALIFORNIA	☐ (Name an	d Address)
BURIAL	Mt. Hope	DORESS OF CALIFORNIA CEME Cemetery, 3751 M , CA 92102		118. DATE BURIES	4 Renne	PERSON IN CHARGE OF BURIA
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMAT	ED 12C. SIGNATURE OF P	ERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	ddress of California Facil	LITY RECEIVING REMAINS	13B. DATE RECEP	VED 13C. SIGNATURE OF F	PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPE	ED 14C ADDRESS AND S OF PLACING WITH	KGNATURE OF PERSON IN CHARGE H THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	R FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15B. DATE OF DISPOSITION	15C, SIGNATURE OF CHARGE OF DIS	

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

aturd

#### MT. HOPE CEMETERY INTERMENT ORDER

City of Sen 018go-23-04A10:17 RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, lime All Funeral cars must arrive before will be applied and billed to undersign La 98 grave Grave space & Core Fund ..... Additional ageces and care fund Opening/Clealing & Setup Bufei Continer Harding Fees Plower vesse - Marker setting les ..... Recording and Ming les ..... Bill PA Dhn Edwards Total Due ..... Peid receipt number Balance due . I hereby certify I am the X Act of the above name and this to your sufficiently to make disposition of remains as above indicated. I certify at that I have the right to make this authorization and I agree to hold Mr. Hope Complary he any lieutity on account of sold eathorization and interment. I hereby authorize the interment in let I hold under duck. RS 18271 Work Order a E This information is available in alternative formula upon requosa-REA-104 (7-48)

Africal

REA-104 (7-98)

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Didge 23-04P01:17 RCVD

Date

You are hereby authorized and instructed, subject to to of Walter 90 kms.		St. 28	144L
ina TS Vault Funeral,	date, time	WLOD'/28	10:00
Type of Bestel Container Church, Cheptel Graveside		way Ber	no worker
All Funeral cars must arrive before 9:50 p.m. of regula	ar work da	y or an extra charge	of \$
デウ will be applied and billed to undersigned			
Lot_{83 Grave/_ Row	The second second	CONTROL OF STREET AND STREET STREET	
Grave space & Care Fund	) - 0	1664	-
Additional spaces and care fund			04-142
Opening/Closing & Setup	••••••		275
	······································		204-
Handling FeesJAN 2 3 2004			
Flower vases - Marker setting fee			50
Recording and filling feeMOUNT HOPE GEN	METER	Υ	21.31
Sales taxes			9113 31
production of the second	No.	otel Due	0/13 3/
Paid receipt n	umber	Balance due	7630
× -1 //		balance due	
I hereby certify I am the Colombia and this is your authority to make disposition of remathat I have the right to make this authorization and I agany liability on account of said authorization and inter-	gree to ho	we indicated. I certifi	amed decedent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	1860	Heen Si	pos Of
Attinuitive of recorded holder of cloud	Por	west	
)	Ca	920	64 20 Cooks
tan-	Haphone 85	8-487-	8012
F 18272	rvoice #_ cct. #	79. 71:	

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This information is available in alternative formats upon request.

	) GRAV	E BLIND CHE		E 18	
olock m existing	arked with "X".	e deceased for v Place the name appropriate spa	's, lot #	and grave	# of all
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Div:	2100	- 2	<u></u>		
Grave L	aid out by:	Name of the State	-	LOO A	^
Grave L Agrees	aid out by: <u> </u>	: ☐ Yes ☐	No	glag A	n awe

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

_			USE BLACK INK ONLY - MAN	A Principal Control of the Control o	HITEOUTS OR OTH	EH ALTEHATIONS	- 10 to 10 t
14	NAME OF DECEDE		1B. MIDDLE	1C. LAST (FAMILY)			NATE OF DEATH 4. SEX
	Walter		Andrew	Johnso		03/09/1923 01	/20/2004 M
	Salt L	ake City		ENTER STATE		NAME, RELATIONSHIP, FULL MAILI OF INFORMANT Kathleen Shook— D	aughter
7,	POWAY	Bernardo Mo	IA - FUNERAL DIRECTOR OR PERSON /	ACTING AS SUCH 7B. CALIF	LICENSE NUMBER PPLICABLE	12616 Pinebrook C	t.
			Poway, CA 92064	FD-	1195	Poway, CA 92064 SIGNATURE OF APPLICANT—Purson	storg permit 88. DATE SIGNED
	ACKNOWLEDGEMENT OF A		rowledge as applicant that the proposed disposition sta and Safety Code, and was authorized pursuant to Sec	tion 7100 of the Health and Salety Co.	ie.	EU. 85	01/24/200
	renani	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT, D RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT ISS 01/27/2004 E. Vigne	2401937	ISTRAR ISSUING PERMIT
3	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERINT TO SHOW FINAL DISPOSITION		GISTRAR OF DISTRICT OF DEATH IED IN CALIFORNIA	if De	.O. Box 8522	MSTRICT OF DISPOSITION — NOTHER DISTRICT IN CALIFORNIA 2 92186—5222	
	A. BURIAL (INCLUDE B. CREMATION	CREMATED REMAINS (		E. TEMPORARY ENVAULTI F. DISINTERMENT G. SHIP IN TO CALIFORNI. D. TRANSIT TO OUTSIDE (	•	i. DISPOSITION PENDING (Name and Address)	G — REMAINS LOCATED
	BURIAL	Mount Ho	PORESS OF CALIFORNIA CEMETER OF CEMETERY, 3751 I O, CA 92102		118. DATE BURIED	11C. SIGNATURE OF PERSON	N CHARGE OF BURIAL
HE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMATE	D. 12C. SIGNATURE OF PERSON	N CHANGE OF CREMATION
ALL APPLICABLE	SCIENTIFIC USE	13A, NAME AND AD	DDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	13B, DATE RECEIVED	13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY
COMPLETE	TRANSIT		DDRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATUR OF PLACING WITH THE CO	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAD IEA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITION	

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

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

01-26-04A08:1	8 RCVD Date Dun Die 04
ENMA A	ext to your rules and regulations, to inter the remains
UI	meral, date, time Ini /30 10:00
Church Chapel Graveside	: Ragodale Mortuary.
All Funeral cars must arrive before *** p.m. of	regular work day or an extra charge of \$
3'(U) will be applied and billed to undersigned	- Com
Lot 42 Grave 6 Row_	Section 3 _ Division/Black-/2
Grave space & Care Fund	Dusug -
Additional spaces and care fund  Opening/Closing & Setup	E 15716 -
Burlel Container	
Handling Fees Marker setting fee	E15714 -0
Recording and filing tee	E15716 0
Sales taxes	
2.00	Total Due ———
<b>4</b>	Balance due
I hereby certify i am the and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization and the liability on account of said authorization and the liability of the liability o	of the above named decedent remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from a interment.
Signature of recognised-holder of deed	Shootheidge 91345
Ham	X 818-349, 2494
= 10077	Invoice #
Work Order # E 18273	Acct. #

### MT HOPE CEMETERY 18273

### GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Pam Date: 180 Interment space for: Cona Bullups Interment Date: 30 Time: 10:00  Div: D Sect: 3 Blk/Row: Lot: 47 Gr: 6  Grave Laid out by: Act Money  Agrees with Legal Card: 19 Tes 10 No 100 M  Agrees with Map: 19 Tes 10 No 100 M  Blind Check & Verified By  Blind Check & Verified By  Date: 1 27		0	7		-000	1	
Blind Check Initiated By: Pam Date: 186 Interment space for: Cona Billups Interment Date: Ari 130 Time: 10:00  Div: D Sect: 3 Blk/Row: Lot: 47 Gr: 4  Grave Laid out by: Ari Money  Agrees with Legal Card: Erres I No play Magrees with Map: Fres I No		Mathis	Bityps	x			
Interment space for: Cona Billups  Interment Date: Ari 130 Time: 10:00  Div: D Sect: 3 Blk/Row: Lot: 47 Gr: 4  Grave Laid out by: Ari Money  Agrees with Legal Card: Erres I No Hos Magrees with Map: Fres I No	•	Coloryth				_	
Sect: 3 Blk/Row: Lot: 47 Gr: 6  Grave Laid out by: Acid Money  Agrees with Legal Card: BYes No Hos Magnees with Map: BYes No			120 120	21	Bille	Date:	1/80
Agrees with Legal Card: Tes No Hos March	ntermen	t Date:	w/30	1	ime:	10:00	
Agrees with Legal Card: 日Yes ONO HOS M						47 0	Gr: <u>4</u>
Agrees with Legal Card: Pes No Hos Magrees with Map: Pes No Date: 1-27	Grave La	id out by:	Neid	None	<del></del>		
Agrees with Map: Fres No Published By Date: 1-27	√grees w	rith Legal	Card: 🗗	Yes C	J No ]	lag r	h .
Blind Check & Verified By Date: 1-27	Agrees w	vith Map:	∃ Yes	YOU			
AND THE PROPERTY OF THE PROPER	3lind Che	eck & Ver	rified By		m	Date:	1-27-0

F-18273 **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS** 

			USE BLA	CK INK ONLY — MAI	KE NO ERASUF	RES, WH	ITEOUTS OR O	THER AL	TERATIONS			
14	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDD	LEG	1C. LAST (FAMI				2. DATE OF BIRTH	3. DATE C	Control of the Contro	4. SEX
	Edna		5.		Billup	8			0871071916	01723	/2004	F
	Grenada Hi	llla			LOS AN	eles	- OUTSIDE CALIF.,	OF IN	RELATIONSHIP FULL FORMANT Sthy Poellni			1000 3000 000
7A	Utter McKi 11071 Colu	oress of Californi Inley S.F. Imbus Ave.,	A FUNERAL Missio Missi	DIRECTOR OR PERSON IN MORTUSTY ON Hills, C/	ACTING AS SUCH		ICENSE NUMBER PLICABLE 1132	177	40 Merridy S thridge, CA ATURE OF APPLICANT,	91325	#20	-5
	ACKNOWLEDGEMENT OF A	PPLICANT of the Health	owledge as applic and Salety Code,	ani that the proposed disposition ate and was authorized pursuant to Sec	stad herein is one of the dis tion 7100 of the Health and	spositions author d Salety Code	orized by Section 103065	91	alne Cist	2/01	01/28	/2004
	renami	TY FOR THE DISPOSITION	AND SAFETY (	CODE AND IS THE AUTHOR-	9A. AMOUNT OF F	annes en en	98 DATE PERMIT		SIGNATURE OF LOCAL	L REGISTRA	R ISSUING PE	FIMIT DO
-		9D. ADDRESS OF RE IF DEATH OCCURR 313 N. Fig Los Angele	ED IN CALIFO	Street	-	P.O.	SS OF REGISTRAR OSITION IS TO OCCUP BOX 8522 Diego, CA	IN ANOTHE	R DISTRICT IN CALIFORNIA	3		
	B. CREMATION	RITION(S) CHECK APPLIC S ENTOMEMENT) CREMATED REMAINS C	ABLE ITEMS		E. TEMPORARY E  F. DISINTERMENT  G. SHIP IN TO CA  D. TRANSIT TO O	ENVAULTME T ILIFORNIA	ENT					TEO AT
4	BURIAL	Mt. Hope	Cemete	CALIFORNIA CEMETER Bry Ceet, San Die			11B. DATE BURIE		SIGNATURE OF PER	SON IN CHA	ARGE OF BU	RIAL
LE ITEMS	CREMATION			CALIFORNIA CREMATO			0	7.00	C. SIGNATURE OF PER	SOM CH	ARGE OF CR	REMATION
IL APPLICABL	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF	CALIFORNIA FACILITY	RECEIVING REMA	AINS	13B DATE RECEI	VED 13	C. SIGNATURE OF PER	ISON IN CHA	ARGE OF FA	CILITY
COMPLETE	• TRANSIT	The state of the s		RECEIVING STATE OF C REMAINS ARE TO BE S		E	14B. DATE SHIPP	ED 14	C. ADDRESS AND SIGN OF PLACING WITH T			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	DENTIFY	IT ON SHORELINE, OR ( FINAL PLACE AND CA D NTER LATITUDE AND LO	ISTRICT OF DISP		15B. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS	SITION	150 LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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



### MT. HOPE CEMETERY INTERMENT OF DER

City of San Diego

At need

25 10	-	71	-51
Date		00	-04

D.D.C.RUPT	Funeral, date, time Tues . Jan. 27 11:1
Type of Buriel Coefferier	Tan Havi Mail
Church, Chape Graveside	Feathering (C Monuery.
All Funeral cars must arrive before	3d90 p.m. of regular work day or an extra charge of \$
will be applied and billed to unders	igned.
Lot <u>53</u> Grave <u>4</u>	Row Section 4_ Division/Block _5 E - 17984 pe
personal per	A CONTRACTOR OF THE PROPERTY O
경우로 발표되었다. 내용 바다 하면 되면 이 가능하는 그 말이 많아 아니까 없었다.	
Opening/Closing & Setup	4/3
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	227
Flower vases - Marker setting fee	AN 2 6 2004 38-91 5 1251
Recording and filing fee	38.41
Sales taxes	HOPE CEMETERY 32 40 2434
national terms	Total Due
MICOM	TOTAL DIG
MOON	Paid receipt number R - 57/3 1 1439.31
MOON	Paid receipt number R - 57/3 1 1439.31
	Paid receipt number R-37/3 1 1439.31  Balance due D
hereby certify I am the	Paid receipt number R-37/3 1 1439.31  Balance due D  CUShard of the above named decedent disposition of remains as above indicated. I certify and represent athorization and I agree to hold Mt. Hone Cemetery harmless from
I hereby certify I am the	Paid receipt number R-57/3 1 1439.31  Balance due D  CUShard of the above named decedent disposition of remains as above indicated. I certify and represent athorization and I agree to hold Mt. Hope Cemetery harmless from norization and interment.
I hereby certify I am the	Paid receipt number R-57/3 1 1439.31  Balance due D  CUShard of the above named decedent disposition of remains as above indicated. I certify and represent athorization and I agree to hold Mt. Hope Cemetery harmless from norization and interment.
I hereby certify I am the	Paid receipt number R-57/3 1 1439.31  Balance due D  CUShard of the above named decedent disposition of remains as above indicated. I certify and represent athorization and I agree to hold Mt. Hope Cemetery harmless from norization and interment.
I hereby certify I am the	Paid receipt number R-57/31 1439.31  Balance due D  CUShard of the above named decedent disposition of remains as above indicated. I certify and represent thorization and I agree to hold Mt. Hope Cemetery harmless from nortzation and interment.  Interpretation and interment.  Additional Space Ca 9/9/0 City 13 2 2 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

### MT HOPE CEMÈTERY

F-18274

### **GRAVE BLIND CHECK FORM**

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Blind Che	space f	or: Dor	othy	Spire	- 4	1-26
02_35	_ Sect:	<b>4</b> _ B	ilk/Row:	Lot	: <u>\$3</u> (	524
Agrees wi Agrees wi			Yes	No /	Flag	on gravi
DI:- 1 Ob-	m), 0 \2.	erified By:	Tay.	hus	6) no	1-26-01

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1C. LAST (FAMILY) 1A. NAME OF DECEDENT-FIRST (GIVEN) IR MIDDLE 2 DATE OF BIRTH 3. DATE OF DEATH 4 SEX 11/27/1939 01/24/2004 Derothy Mac Enyeart-Spiress 5A. CITY OF DEATH 58 COUNTY OF DEATH-OUTSIDE CALIF. 6 NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE ENTER STATESan Diego Chuls Vista es W. Spires (Spouse) 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH. 7B. CALIF, LICENSE NUMBER 113 J Street Featheringill Mortuary: 6322 Ek Cajon Blvd. -IF APPLICABLE Ebula Vidta. CA 91910 San Diago, CA 92115 PD-1083 BA. SIGNATURE OF APPLICANT—Person taking perind. 88. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herem is one of the dispositions authorized by 01/26/2004 - ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 98. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A. AMOUNT OF FEE PAID PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 01/27/2004 2401904 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 13.00 AUTHORIZATION OF IN THIS PERMIT. MOTE: THIS PERMIT GRES NO MIGHT OF INSPOSAL OUTSIDE OF CALIFORNIA T. Featherin LOCAL REGISTRAR ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) F. DISINTERMENT B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope cemetery: 3751 Market Street BURIAL San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSONAN CHARGE OF CREMATION CREMATION 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 23 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 148. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

### MT. HOPE CEMETERY

### INTERMENT ORDER

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paio	Ony of San Diago	Date 1/26	104_
You are hereby authorized and instruct	ed, subject to your rules as	nd regulations, to Inte 227292	or the remains
ina U	Funeral, date, time _	S5000011	
Type of Buriel Container Church, Chapel, Graveside			
All Funeral cars must arrive before 3:30	p.m. of regular work day	or an extra charge of	<b>\$</b>
will be applied and billed to undersigner	•	34 34	
Lot 111 Grave _ C Rov	V Section	Division/Bloo	sk
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Additional spaces and care fund			
Opening/Closing & Setup	DAIR		413.00
Opening/Cloaing & Setup	PAIU		
Handling Fees	JAN 2 6 2004		
Recording and filling fee			50.00
Recording and filling fee	NT HOPE CEME	IEHT	
		ol Duo	463.00 463.00
		Balance due	0
I hereby certify I am the and this is your authority to make dispithat I have the right to make this author any liability on account of said authoriz	ization and I agree to hold ation and interment:	Mt. Hope Cemetery	and represent harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	vature on ;	Pele)
Signature of recorded holder of deed	Address		
sulette	City		Zhp Code
Work Order # <u>E</u> 18275	Invoice # Acct. #		

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-27-04

o your rules and	regulations, to in	ter the remains
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u, date, time 🔪	m -10	(A) (C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
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REA-104 (7-96)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 0525 5

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE MONTE RAY			IC. LAST (FAMIL)	0	199	2. DATE OF BIRTH MONTH, DAY, YEAR 04/12/1952	3. DATE OF DEA MONTH, DAY, Y 01/18/200	EAR
5A. CITY OF DEATH		I AAI	The second secon	EATH—OUTSIDE CALIF		RELATIONSHIP, FULL M		
SAN DIEGO			ENTER STATE	SAN DIEGO	OF INFO	R. BLAIR,		no za ovoc
				CALIF. LICENSE NUMBER	3404 1	WINLOW ST.		
#210, SAN D	AMERICAN CREM. SERV., 6136 MISSION GORG			0-1752		TEGO, CA 92 TURE OF APPLICANT—	H1000	DATE GOVED
ACKNOWLEDGMENT OF A			proposed disposition stated herein is one of and was authorized pursuant to Section 7100		D. 1	DILLE		Lukar
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORY IN THIS PERMIT.	UED IN ACCORDANCE WIT FORMA HEALTH AND SAFI TY FOR THE DISPOSITION : 10 MOHT OF DISPOSAL OUTSIDE OF	ETY CODE SPECIFIED	01/22/20 R.MARTIN	04	C. SIGNATURE OF LO 2401602	CAL REGISTRAR (S	SUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECO	EGISTRAR OF DISTRICT ED IN CAUFORNIA RDS P.O. BOX CA 92186-522	OF DEATH— BE. 85222	ADDRESS OF REGISTRAL # DISPOSITION IS TO OCC	R OF DISTRI		RHA	
B. CREMATION	UDES ENTOMBMENT)  OF CREMATED REM EMETERY		E. TEMPORARY E  F. DISINTERMENT  G. SHIP IN TO CA  H. TRANSIT TO O				ONER'S USE ( PENDING—REMAIN ddress)	100000
BURIAL		DDRESS OF GALIFORNIA CEMETERY, 375 CA 92102		35TL	ED 11C.	SIGNATURE OF PER	SON IN CHARGE O	OF BURIAL
CREMATION		DORESS OF CALIFORNIA EM. 192 COMMEN	A CREMATORY RCE DR., PERRIS, CA 92571	01/22/20	100	SIGNATURE OF PER	SON IN CHARGE OF	CREMATION
SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORNIA	A FACILITY RECEIVING REMAIN	S 13B. DATE RECE	IVED 13C.	SIGNATURE OF PER	SON IN CHARGE (	OF FACILITY
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS A	STATE OR COUNTRY WHERE RE TO BE SHIPPED	14B. DATE SHIPP	PED 14C.	ADDRESS AND SIGN OF PLACING WITH T		N IN CHARGE
SCATTERING AT SEA OR, DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		INE, OR OTHER DESCRIPTION SU CA <u>DISTRICT</u> OF DISPOSITION	F- 15B. DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS	ITION OF	ENSE NUMBER CREMATED RE- INS DISPOSER F APPLICABLE

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



### MT HOPE CEMETERY

E-18276

#### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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: Fam Date: 200 Interment space for: Monta Blair &  Interment Date: Jie 3/5 Time: 200  Div: MAS Sect: R Blk/Row: Lot: 34 Gr: 9  Grave Laid out by: Grave Laid Out by: Grave Laid Out by: One Agrees with Map: Yes No	-	T					
Blind Check Initiated By: Par Date: 280 Interment space for: Monta Blair & Interment Date: 95 Time: 200 Div: MAS Sect: R Blk/Row: Lot: 34 Gr: 9 Grave Laid out by: No  Agrees with Legal Card: 1 Yes 1 No				Course	Dougan		
Interment space for: Monte Blair &  Interment Date: Jii 3/5 Time: 2-00  Div: MAS Sect: R Blk/Row: Lot: 34 Gr: 9  Grave Laid out by: No  Agrees with Legal Card: 1 Yes 1 No	Ghamm	Cause		x			
Interment space for: Monte Blair &  Interment Date: Jii 3/5 Time: 2-00  Div: MAS Sect: R Blk/Row: Lot: 34 Gr: 9  Grave Laid out by: Noman Furglish  Agrees with Legal Card: 1 Yes 1 No						Win	3 Mary
Interment Date: 1 3 5 Time: 2-00  Div: 18 Sect: R Blk/Row: Lot: 34 Gr: 9  Grave Laid out by: 10 Cman Furglish  Agrees with Legal Card: 9 Yes 9 No		Service and the service of the servi	The state of the s	0	A SAME TO AND ADDRESS OF THE PARTY OF THE PA		2/80
Agrees with Legal Card: Yes No	Intermen Div: <u>M</u> A	t Date: <u></u>	ni 6 R B	3/5 1   K/Row:_	Γime;	2-00) 34 0	
					1		
Blind Check & Verified By: DAKKEY! Date: 3-1-09	Agrees v	vith Map:	☐ Yes	_ 01	No	Data	3-1-04

Afful

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Piego -04A08:11 RCVD

	Date
22	7446 Ellen Bergaren
You are hereby authorized and instruc	ted, subject to your rules and regulations, to inter the remains
of Jerise M	mear PH 2004/101
ina lener	Funeral, date, time Inc 130 9:00
Church, Chapel, Graveside	I on le : feathering ill Morruson.
(12)	1 01
3:	P.p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	ad
- OH - 157 OH	IDL PINE
Lot Grave Ro	ow Section Division/Bleek
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Sales taxes	7.90 Ho .00
-1-E	Total DV 54 92 153
esta 6	Paid receipt number 4911365 754.93
	Belance due
v	Marine and Common State
I hereby certify I am the X and this is your authority to make disc	of the above named decedent position of remains as above indicated. I certify and represent
that I have the right to make this author any liability on account of said author:	elization and I agree to hold Mt. Hope Cemetery harmless from zation and interment.
	*
I hereby authorize the interment in lot hold under deed.	1 symm 1 \.CA
	Address N C C /
Sensing of many of the CATTS: 50 P.C.	VD City Zp Code
The same of the	× ()/~,
1	Telephone
fun	Invoice #_ 39370\
Work Order # E 18277	Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18277

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

iA	NAME OF DECEDE	ENT-FIRST (GIVEN)	18, MIDDLE	1C. LAST (FAM			DATE OF DEATH 4. SE
5A	CITY OF DEATH			58. COUNTY OF	DEATH-OUTSIDE CALIF.,	8. NAME. RELATIONSHP, FULL MARK OF DEFORMANT Elica Beauparlant	IG ADDRESS AND ZIP CODE
7.4	Featherin	DORESS OF CALIFORN gill Mortus , Ca 92115	A FUNERAL DIRECTOR OF BEY: 6322 E1	PERSON ACTING AS SUCH 7	8. CALIF. LICENSE NUMBER —IF APPLICABLE  FD-1083	5201-A Ruffin Rd. San Diego, CA 92	123
	ACKNOWLEDGMENT OF A	no scane     hereby	actnowledge as applicant that the	proposed disposition stated hereof 5 or and was authorized pursuant to Section 7	e of the dispositions authorized by	Selecthan	01/27/20
	PERMIT JTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSESSIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	UED IN ACCORDANCE WITH FORMIA HEALTH AND SAFE TY FOR THE DISPOSITION S NO BERT OF DEPOSAL ORISIDE OF	H PROVI- TY CODE PECIFIED		COY Name & So	REGISTRAR ISSUING PERM
T	Y CHANGE IN DISPOSI- ON REGURES A NEW RAIT TO SHOW FINAL DISPOSITION.	P.O. Box	EGISTRAR OF DISTRICT 85222 6. CA 92186-8			OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA	
10	AUTHORIZED DISP	OSITION(S) CHECK A		7462		FOR CORON	ER'S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	3E	DDRESS OF CALIFORNIA	- Andrewskin Com			
	BURIAL		Cemetery: 375		1-30-04	Norman far	IN CHARGE OF BURIA
BLE HEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON	IN CHARGE OF CREMATIO
T APPLICABLE	SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA	FACILITY RECEIVING PEMA	INS 138. DATE RECE	IVED 13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY
WILLIAM ST	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPP	DED 14C, ADDRESS AND SIGNATU OF PLACING WITH THE		
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID	AREST POINT ON SHORELII ENTIFY FINAL PLACE AND	NE, OR OTHER DESCRIPTION CA <u>DISTRICT</u> OF DISPOSITION	SUF- 158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITIO	

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

81/29/2804 99156 SD HT. HOPE COMMITTERY . FERTHERINILL

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### MT. HOPE CEMETERY INTERMENT ORDER

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ina 7.5	lault	Funer	al, date, time	FRI. Va	n.30 11:00
Church Chapel, Gr			; <u>C</u>	A Bund	Mortuary.
All Funeral cars mu	st arrive before 3:3	0 p.m. of reg	jular work day	or an extra char	ge of \$
will be applied and I	oilled to undersign	ed			
Lot 242 Gra	100 6 / Ac	o <b>f</b> 	_ Section	2 Division	1/Block_ 12
Grave space & Care	s Fund				985.00
Additional spaces a	nd care fund		***************************************		
Opening/Closing &	Setup				413.00
Burial Container		-A-1P			275.00
Handling Fees		'AIU	·····		275.00 204.00
Flower vases - Mar	ker setting fee				<u></u>
Recording and filing	JAN	2 9 200	•		5000
Sales taxes					21.31
	MOUNT H	OPE CEN	METERY	tel Due	194831
		Paid receip	number	257/45	19483/
	5.			Balance	due 🗢
I hereby certify I am and this is your guit that I have the right any liability on acco	hority to make disp to make this author	rization and	l agree to hold	ne indicated. I ce	e named decedent crity and represent tery harmless from
I hereby authorize to		$\subseteq$	Symplum	haly	Jones
Tion bridge cood.			Address 7	Mape	101
Signature of recorded holder  Couldttl	Par	- < /	C19-0	255-37	27 72/1C
F	18278	}	Invoice #		
Work Order #			Acct. #		
REA-104 (7-96)	inis	untormation	is available in	anemative form	nats upon request.

O Printed on recycled paper

### MT HOPE CEMETERY 18278

### GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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		_	4	Y
			who			
			х		-	
	15	Dros			1	7.
	4	ated By: $\frac{1}{2}$			Date:	1/28
		1-30-00			11:00	
Div:/2	Sect	:_2_ BI	dRow: _	Lot	242	Gr: <u>/</u>
Grave La	aid out b	v: Norm	on fe	aug	~	
Agrees v	vith Lega	al Card:	res [	J No	.5.	
Agrees v	vith Map	Yes	Q N	lo	Flag o	n grave
Blind Ch	eck & V	Yes erified By:		Wer	Date:	/-29

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 2. DATE OF BIRTH 4. SEX 1C. LAST (FAMILY) 3. DATE OF DEATH 01721 72004F FARMER RUTH 5A. CITY OF DEATH 58. COUNTY OF DEATH — OUTSIDE CALIF, 18. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT NATIONAL CITY SAN DIEGO OTHER ESTHER BOYKINS-MOTHER 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 522 TOYNE ST. - IF APPLICABLE CALIFORNIA CREMATION & BURIAL CHAPEL SAN DIEGO, CA 92102 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 8A: SIGNATURE OF APPLICANT-Person taking permit 8B. DATE SIGNED F-1357 01/29/2004 I hereby addressing as profesent that the proposed disposition stated herein is one of the dispositions authorized by Section 10305 ACKNOWN FOGEMENT OF APPLICANT of the Health and Safety Code, and was sufficited pursuant to Section 7100 of the Health and Safety Code BA. AMOUNT OF FEE PAID 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-01/30/2004 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF ► 2402234 NOTE: THIS PERMET GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA \$13.00 J. BENYARD LOCAL REGISTRAR SE, ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH --ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TTAL RECORDS—P.O. BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO. CA 92186-5222 DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I DISPOSITION PENDING - REMAINS LOCATED A (Name and Address) F. DISINTERMENT **B. CREMATION** C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HEPE CEMETERY 3751 MARKET ST. BURIAL SAN DIEGO, CA 92102 1-30-04 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON INCHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED : 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC LISE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B, DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B, DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CREMATED REMAINS DIS-SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

### MT. HOPE CEMETERY INTERMENT ORDER

are of Licity	of San Diego
on the grave Obagashi	01-28-04P02 Dis PAZD8/04
You are hereby authorized and instructed, so	ubject to your rules and regulations, to inter the remains
a Florence F.	ueno 8 227471_
	Funeral, date, time 2 7 04 SAT. 11:00
Type of Burlal Container Church Chapel Graveside	Community Mortuery.
All Funeral cars 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 - 30 - 04 PO 1 :	57 PAD DIVISion/Block 7
Grave space & Care Fund	<del>-</del>
Additional spaces and care fund	OT. FEE PAID 231.00
Opening/Closing & Setup	116.00
Burial Container	6100
Handling Fees JAN 2 8 2	66.00
Flower vases - MINOUNT HOPE C	
Recording and filing fee	EMETERY 50.00
Sales taxee	4.73
	Total Due
Pald	receipt number R-57142 297.73
	Balance due
I hereby certify I am theSON	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
DON F. UENO I hereby authorize the interment in lot I	mt. Cono
hold under deed.	11352 Red Cedar Way
Signature of recorded holder of deed	SAN Diego CA 92131
	7858) 566-0392
Dulate	Temphone
2000	Invoice #
Work Order # E 18279	Acct. #

REA-104 (7-95)

This information is available in alternative formats upon request.





### MT HOPE CEMETERY 18279

#### GRAVE BLIND CHECK FORM

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

					_	+
		obayash	X	onat	(OC) #	-
St.	+	yeto	Hirai	4.64	,	

rich contract to the contract of the first production of the	aled by. Italia		- At 19109ARES
Interment space	for: Morence	e F.	Ueno D
Interment Date:	2-7-04	_ Time:_	11:00 347.

Div: 1/ Sect: 1/ Blk/Row: ____Lot: 32 Gr: _6

Grave Laid out by: Norman

Agrees with Legal Card: Ø Yes Me Date Feb. 05.20 Agrees with Map: DYYes

Blind Check & Verified By

E-18279

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	INT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMELY)			ATE OF DEATH 4. SEX		
Florence		Funiko	Veno		01/14/1911 01/	27/2004 F		
SA. CITY OF DEATH		Was a state of the	58. COUNTY OF DEAT	TH-OUTSIDE CALIF., 6.	NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	ADDRESS AND ZIP CODE		
San Diege			San Di		Don Ueno - Son			
Communi	ty Mortuary	NA-FUNERAL DIRECTOR OR PER y 855 Broadway	V =	IF APPLICABLE	11352 Red Cedar Wa San Diego, CA 9213			
Chula Vista, CA 91911			FD	1682	SIGNATURE OF APPLICANT—Person taking permit, 88. DATE SIGNE			
ACKNOWLEDGMENT OF A	Section 1	0376 of the Health and Safety Code, and wa	s authorized pursuant to Section 7100 of	the Health and Salety Code.	46lac Hunte	× 02/01/2004		
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT. NOTE THIS PERMIT GRES.	UED IN ACCORDANCE WITH PR FORMA HEALTH AND SAFETY C ITY FOR THE DISPOSITION SPECI ID MIGHT OF DISPOSAL OUTSIDE OF CALIF	FIED \$13.00	02/04/200 D. Humphre		Edistrar Issuing Permit		
PERMIT TO SHOW FINAL	Dept. of V	EGISTRAR OF DISTRICT OF DED IN CAUPONNA SET DIS Ital Records P.C CA 92186-5222	Box 85222		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISP	OSITION(S) CHECK A	APPLICABLE ITEMS		1.	FOR CORONER	'S USE ONLY		
B. CREMATION		MAINS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	•	I. DISPOSITION PENDI (Name and Address	NG-REMAINS LOCATED AT		
BURIAL	Mt. Hope	DORESS OF CALIFORNIA CEN Cemetery 3751 go, CA 92102	Merket Street	118. DATE BURIED	11C. SIGNATURE OF PERSON II	CHARGE OF BURIAL		
CREMATION	Crematio	DORESS OF CALIFORNIA CRE EL Services, Inc Lune Way Vista,	Part waterweiser	2-4-61	1. 11	CHARGE OF CREMATION		
SOMENTIFIC USE  13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING SOMEONIFIC USE  14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE:		EIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
					IPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHAIR OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA (		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON II CHARGE OF DISPOSITION	150 LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —# APPLICABLE		

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

### MT. HOPE CEMETERY

.d . 20	iiti Onden	
at Deed of 20 chyor	Semilago : 17 PAID / 19/	nul
Total chairs ( 4 - 01-	Date 1/21/	7
You are hereby authorized and instructed, subje	20 of 4 Floor of 7 K FW Winkley	
a Leia (cha Win)		HAG Leineme
	neral, date, time Friday Ja.	The second secon
Short on selected Constraints	Tanil	
Church, Chapel, Graveside	<u>'</u>	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of	× \$
will be applied and billed to undersigned.		
Lot 44 Grave 6 Row	Section 16 Division/Ble	ock
Grave space & Care Fund	-2910	_0_
Additional spaces and care fund		
Opening/Closing & Satup	<b>NAIN</b>	116.00
Bunal Comainer		61.00
Handling Fees JA		66.00
Flower vases - Marker setting fee	IN 2 9 2004	
Recording and filing fee	· practice (12)	5000
Recording and filling fee	OPE CEMETERY	4.73
	"Total Due	197.73
Paid rec	selpt number and by US	297.73
-	Bajance due	0
I heraby certify I am the X PRIND	of the above n	amed decedent
and this is your authority to make disposition of that I have the right to make this authorization as	remains as showe indicated, I certify	and represent
any liability on account of said authorization and	interment.	
I hereby authorize the interment in lot I	Y MIL.	
hold under deed.	X 4705 UANIAI W	M _
Sunature of recorded holder of steed	X DOCKALSIDE C	A 9205
	× 760 9674832	Zip Code
Paulette	Tidephone	*****
	Invoice #	
Work Order # E 18280	Acct. #	

REA-104 (7-96)

This information is available in alternative formats upon request.

### MT HOPE CEMETERY 18286

### GRAVE BLIND CHECK FORM

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

	Nino	F.P. inkler	x	VILVENS	-	
				Hughes		
		1			<u> </u>	
lind C	neck Initia	ted Rv. FC	TIPUL	-	Data	1 124
terme	ent space f	orLe	aloh		Kler	24.3
iterme nterme	ent space f	or: <u>Lea</u> 1-30-	oy -	<u>α ωίη</u> Time:	Kler 2:00	- b
nterme nterme	ent space f ent Date:	orLe	oy :	α <i>Win</i> Time: Lot: .	2:00 44	- b
nterme nterme viv: irave	ent space f ent Date: 27 Sect: Laid out by	or: <u>Lei</u> 1-30- : 16 BII	of confinence	a Win Time:Lot: .	2:00 44 (	- b
nterme nterme Div: Grave grees	ent space from the Date:	or: <u>Lei</u> 1-30- : 16 Bll	valoh	a Win  Time: Lot:  Lot:  No	2:00 44 (	- b

# E-182-80APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 0513



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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
	LEIALOHA		KAILIPALAULI	WINKLER	£	01/07/1928   01/04/2008
	L CITY OF DEATH NACIONAL CI	TY		SB. COUNTY OF DEAT	AN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PETER WILSON - FRIEND
		DORESS OF CALFORNA M. & BURIAL SAN DIEGO,	- FUNERAL DIRECTOR OR PERSON 7510 CLAIMREME CA 92129	All the second of the second o	LIF. LICENSE NUMBER F APPLICABLE 1661	4705 LANAI WAY OCEANSIDE, CA 92057  8A. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED
_	ACKNOWLEDGMENT OF A		Anowledge as applicant that the proposed dis 76 of the Health and Salvity Code, and was suff			►\\\ \=  c/onlaw
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFO AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- DRIMA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED MONT OF MISPOSIL OUTSIDE OF CALFORNIA	<b>*13200</b>	01/07/20 R.MARTIN	
A		VITAL RECO	GISTRAR OF DISTRICT OF DEAT RDS P.O. BOX 852 CA 92186-5222			R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CALIFORNIA
-	B. CREMATION	CACTOR .	INS OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUT:	DRNIA	i. DISPOSITION PENDING—REMAINS LOCATED A (Name and Address)
	BURIAL	11A. NAME AND AD	DRESS OF CALIFORNIA CEMETI EMETERY, SABRIKA CA 92102	ERY	118. DATE BURIE	ED   11C. SIGNATURE OF PERSON IN CHARGE OF BURN
BLE MEMS	COUNTY CREM. 192 COMMERCE DR., PERRIS, CA				128. DATE CREMA	
ALL APPLICABLE	SCIENTIFIC USE	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -			13B, DATE RECE	19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE A	THE PARTY AND ADDRESS OF DESCRIPTION OF THE PARTY OF THE				14B. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
Ö	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR ( NTIFY FINAL PLACE AND CA <u>DIST</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINED DISPOSED IN THE PROPERTY OF CREMATED REMAINED

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

Afrid

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Oldgo 29-04/09:52 RCVB

8	Date	-
	227452	5
You are hereby authorized and instru	cted, subject to your rules and regulation	ns, to inter the remains
r tred t	1. HUVORDA	12091111
ne lines	Funeral, date, time Mov	13/2 18:00
Type of Burlel Costellar Church, Chapel, Graveside	Longy: Bishe	Mortuary.
All Funeral cars must arrive before-8	merp.m. of regular work day or an extra	charge of \$
will be applied and billed to undersig	ned	
Lot 3_ Grave 12 p	Now Section Div	islon/Bleek 13
Grave space & Care Fund		<u> </u>
Additional spaces and care fund	- 18	
Opening/Closing & Setup	AID .	712
Burial Container		
Handling Feas	2 4 2004	160
lower vases - Marker setting fee	CENETERIO	
Recording and filling fee	HOPECEMEN	<u>30</u>
Recording and filing fee	575	8233 2
3,00 Cart	DETE	1055.00
and county	Paid receipt number 7375	7
muly took out		wimen +
hereby certify I am the hand this is your authority to make district the make district the make this authority to make this authority to make this authority.	of they specifion of remains as above indicated portration and I agree to hold Mt. Hope C	above named decedent I certify and represent
any liability on account of said autho	rization and interment.	the water
hereby authorize the Interment in ic	1 762 14 50	20
nold under deed.	Significant Control	ug
Agreeture of recorded holder of deed	- X Her	
	× 100	Zip Code
your	Telephone	SIG
F 1828	Invoice #	2000
Work Order # E 1020	Acct. #	U434_

REA-104 (7-96)

This information is available in alternative formats upon request.

## MT HOPE CEMETERY E-18281

### GRAVE BLIND CHECK FORM

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

the buria	i space.		1		-1	
			X			
				-		
Intermen	eck Initiate t space fo t Date: 1	r: Fred	1	nola	Date:	1/29
Div:	The state of	ві	k/Row:_	Lot:	<u>3</u> 0	ir: (3
	vith Legal			J No		
	vith Map:	☐ Yes	_	No No	Deter	1-30-

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1,4	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	335,72 To 30,43891 (190.3 Se	2. DATE OF BIF	TH   3. DATE OF DEATH	4. SEX
	Frederick		August	Arnold		08/12/19	8 PD 01/13/2004	M
5.4	CITY OF DEATH			5B. COUNTY OF DE	ATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, F	ULL MAILING ADDRESS AND ZI	P CODE
	San Diego			i enter state	an Diego		a, Public Adm.	
7A	Bishop Mor	rtuary	/D =	end resultances Nov.	ALIF. LICENSE NUMBER IIF APPLICABLE	5201A Ruffin San Diego, Co	92123	
	3444 Citro	as Street,	Lemon Grove,	CA 91945 F7	<b>⊢1673</b>	BA. SIGNATURE OF APPLICA	ANT—Person taking permit, 6B. DATI	E SIGNED
5	ACKNOWLEDGMENT OF A	PLICANT   Section 16	schoolieige an applicant that the pr 1376 of the Health and Safety Code, an	aposed dispesition stated herem is one of d was authorized pursuant to Section 7100 o	the dispositions authorized by the Health and Safety Code.		THE RESERVE AND ADDRESS OF THE PARTY OF THE	/2004
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT. HOTE: THE PERMIT GNES I	JED IN ACCORDANCE WITH CORNIA HEALTH AND SAFET I'Y FOR THE DISPOSITION SP G MINT OF DISPOSIL QUISSE OF C	V CODE ECIPIED LIFERINA \$13.00	98 DATE PERMI G. Mitch 01/30/20	ell i	OF LOCAL REGISTRAR ISSUM	G PERMIT
	ON REQUIRES A NEW SEALT TO SHOW FINAL	F DEATH OCCURR	EGISTRAR OF DISTRICT OF IN CAUFORNIA  County Health  San Diego, CA	Dept. P.O.		R OF DISTRICT OF DISPOSIT CUR IN ANOTHER DISTRICT IN	CAUFORNIA	12345
10	. AUTHORIZED DISPO			AND DESIGNATION OF THE PERSON		FOR	CORONER'S USE ONLY	
	B. CREMATION		AINS OTHER	E. TEMPORARY EN  F. DISINTERMENT  G. SHIP IN TO CALI  H. TRANSIT TO OU		(Name	ITION PENDING REMAINS LO and Address)	OCATED AT
	BURIAL	Mount Hop	poress of California ce Cemetery, 3 ca 92102	CEMETERY 751 Market Street	2-2-04	,1 //	PERSON IN CHARGE OF BU	FIA
BLE HEMS	CREMATION	12A. NAME AND A	DRESS OF CALIFORNIA	CREMATORY	128. DATE CREMA	ATED 12C. SIGNATURE OF	PERSON CHARGE OF CRI	EMATION
T ALLEN	SCIENTIFIC USE	13A, NAME AND A	ODRESS OF CALIFORNIA I	FACILITY RECEIVING REMAINS	138, DATE RECE	IVED 13C. SIGNATURE OF	F PERSON IN CHARGE OF FA	-
MATERIA	TRANSIT		DDRESS IN RECEIVING ST. CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148, DATE SHIPP		SIGNATURE OF PERSON IN JITH THE CARRIER	CHARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			OR OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	15B DATE OF DISPOSITION	15C. SIGNATURE OF C		NATED WE-

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

REA-104 (7-98)

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Didge 29-04A09:52 RCVD

Date.

d, subject to your rules, and require 1D:00 Funeral, date, timo-Mov Church, Chapel, Graveside All Funeral care must arrive before \$400 p.m. of regular work day or an extra charge of \$ will be expelled and billed to undereigned Grave space & Care Fund . Additional spaces and care fund ...... 413 Opening/Closing & Setup..... Buriel Container..... Handing Fees .... Flower vases - Marker setting fee ...... Recording and Ring fee ..... 16.02 Sales taxes ... Pald receipt number Salance due of the above nerved decedent I hereby authorize the interment in lot ) hold under deed. PUBLIC ADMINISTRATOR PUBLIC GUARDIAN PARTY OF TENEDS IN STREET 5201-A RUFFIN ROAD SAN DIEGO, CALIFORNIA 92123-1699 Invoice & Work Order # E 18281 This information is available in alternative formule upon request.

6 Set. 9 4 44 414 dett

Atud

## MT. HOPE CEMETERY

City of San Diego 29-04411:09 RCVD

	Date
Association of the control of the co	227454
	ted, subject to your rules and regulations, to inter the remains
or Kichard 10	milliam PH apprilag
In a Type of Burba Compiner	Fuperal, date, time MM 2/2 6:30
Church, Chepol, Graveside	only : Aztlan Morruary.
All Funeral cars must arrive before the	234 350 /
will be applied and billed to undersigne	(a)
X ametal a	ow Section Division/Bleck
Lox Glave Ad	985
Grave space & Care Fund	780
Additional spaces and case fund 2	pul totores
Opening/Closing & Setu	<u>413</u>
Burial Container	20 209-
Paciting Fees OCT 2 4 20	05 com 30 160 -
3	140 /1
Flower vases - Marker setting fee CI Recording and Ming les	EMETERY DISON 50-
	الم المال ال
Sales taxes	1827 3
enter to page	Total Due
hn Edwards O	Paid receipt number pd by hove 1 835.2
W Command	TIM Thomps willsa / County 0
I hereby certify I am the X	of the above named decedent
and this is your authority to make disp that I have the right to make this autho	position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmiess from
any liability on account of said authoriz	zation and Interment.
1 hereby authorize the interment in lot	x x
hold under deed.	1 3938 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
IUA	Address V H
Signature of reposited holder of dead Chg	Zip Code
taw 1	Trainphone
Washington and a second	39 704 362821
# 18282	Invoice a OOTOGE
Work Order # E 10202	Acce. # 000932
REA-104 (7-96) This	information is available in alternative formats upon request.

@ Printed on recycled paper

### MT HOPE CEMETERY E-18282

### GRAVE BLIND CHECK FORM

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

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Blind Check & Verified By: Market Market Date:

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 1838

			USE BLACK INK ONLT - MA	NE NO ENASURES,	WHITEGOTS ON C	(INCH AL)	CHATIONS	FTK	1	
1A	NAME OF DECEDER	4	1B. MIDDLE F.	1C. LAST (FAMILY) Willi	ams	105	2. DATE OF BIRTH MONTH, DAY, YEAR 12/06/1927		OF DEATH DAY, YEAR 1/2004	4. SEX
	Punerar	DRESS OF CALIFORN	ia-funeral director or person 7856 La Mesa Bly	San Dieg ACTING AS SUCH 78. CA	ATH — OUTSIDE CALIF, O LIF. LICENSE NUMBER APPLICABLE 1658	6. NAME, I OF INFO John 5201-	RELATIONSHIP, FULL DRIMANT BOWARDS—PUI -A RUFFIN RO TURE OF APPLICANT—	blic A d., Sa	Adminis an Dieg 92123	trator o, CA
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby actu of the Heelth	avvierige as applicant that the proposed disposition st and Barlety Code, and was authorized pursuant to Se	gled herein is one of the dispositions clion 7100 of the Health and Safety	authorized by Section 109055 Code	1/10	un UM wat	)	01/	29/2004
	PENMI!	THE CALIFORNIA HEALTH TY FOR THE DISPOSITIO	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. DRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13,00	Leah A. 1 01/29/20	1ata	C. SIGNATURE OF LOCA  2402132	il registr/	AR ISSUING PE	PMIT , *
A		IF DEATH OCCUR	EGISTRAR OF DISTRICT OF DEATH THE IN CALIFORNIA PO BOX 1 P. CA 92186-5222	10000000	DRESS OF REGISTRAR DISPOSITION IS TO OCCUI					
	AUTHORIZED DISPOS  A. BURIAL (INCLUDE:  B. CREMATION C. DISPOSITION OF THAN IN A CEME! D. SCIENTIFIC USE	S ENTOMBMENT) CREMATED REMAINS		E TEMPORARY ENVAUI  F. DISINTERMENT  G. SHIP IN TO CALIFOR  D. TRANSIT TO OUTSID	NIA	D   11C.	L DISPOSITION PE (Name and Address	9	70,000,000,000,000	
	BURIAL	San Diego,		C 5C.	2-2-02	<b>▶</b> 7	Vorman to	De aux	m	
BLE TTEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	ORY	12B. DATE CREM	ATED 12C	. SIGNATURE OF PER	SON IN CH	IARGE OF C	REMAT
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RÉCEIVING REMAINS	138. DATE RECE	VED 13C	. SIGNATURE OF PER	SON IN CH	IARGE OF FA	CILITY .
COMPLETE	TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	ED 14C	ADDRESS AND SIGN OF PLACING WITH TO			CHARGE
25	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAID SEA, <u>ONLY</u> ENTER LATITUDE AND LI	DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE CREMATED R POSER — IF	

COPY 2 IS RETAINED BY 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 SD MT HOPE CEMETE 3751, MARKET ST SAN DIEGO CA 92102 619-527-5474 4381360156665644

5.47E: 18:24/85 TIME: 12:21:38 FEM4: 322155665544 STR#: 4381 TER#: 8282 S-8-1-E-S O-R-8-F-T

REF: 0003 BATCH: 021 CD TYPE: VISA TR TYPE: HP

TOTAL: \$1833.26H

ROCT: \$*\$********5019 EXP: \$*** 19: 615549 CLET TO: TAX: 6.88

CONTRACTOR SEMICURECOSE ASCRIPTOR

-CORN MICHAEL SENCICES ON THE AROSEN, OF

THE TOTAL SHOULD MERSON AND ASPESS TO

PERFORM THE CRUISATIONS SET FORTH BY THE
CHRISTMENT AGREEMENT WITH THE 1850ER

THANK YOU PLEASE COME AGAIN

TO CORNAMENCHANT SCITCH COPY-COSTONER

IN VOICE # 393821 Dup IN voice # was 397706-?

E-18282
Richard William
PA#20041149
Div12 Sec 1 Lot 8
GR 67
pd by phone 10-24.05
per Tim Thompson

(619) 527 3403

### MT. HOPE CEMETERY INTERMENT ORDER

Caty of San Oldo 29-04411:09 RCVD

// L - 1 1 - 1 1	black to your rules and requisitions to linter the committee
" Kychard Will	an Harring
Time of White College	Superal, clase, time POY - 2 10 20
characteristic delan	TO THE TOTAL SEGRETARY.
All Funeral care must enive before	of laquitar work day or an extra Gillerge of \$
will be applied and billed to undereigned.	
7 1-	12
LosO Grave Row	Section Othernation
Grave space & Care Fund	985-
Additional spaces and care lund	777-May painteen, qualification of the control of t
Operang/Closing & Saup	<u> </u>
Burist Container	209-
Handling Fees	160=
Flower vesses - Marker setting ine	
Recording and filing fee	50-
Sales taxes	16,00
at. to be	Total Due
Edwards O Palos	equipt number
STA SERVICES C	Estance due
( hereby certify ( am the X	of the above named discoderni
and this is your sufficient to make disposition that I have she delet to make the authorization	of ramains as above indicated. I certify and represent and I agree to hold Mr. Nose Comstery harmings from
any liability on account of said authorization a	and Interropere
I hereby authorize the interment in lot I	Mul 2led Perity PA
hold under dand.	1525201-1 Ruffin 20
Marie Suprem later of last	X59× 0. EGO 82/23
V2	2 858 699 350
7 aw	Tologit-an
- 40000	Invoka #
Work Order # E 18282	Acct. #

This information is evallable in alternative formats upon request.

## MT. HÖPE CEMETERY

At need

## INTERMENT ORDER

01-29-04/11:59 P/ 1/29/04

You are hereby authorized and instructed, subject to your rules and regulations, to in	nter the remains
a David Swieringa ?	23651
in a Liner Funeral, date, time Thurs, Feb.	5 11:00
	Mortuery.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge	3168 Kulon
will be applied and billed to undersigned.	
Lot 11 Grave 2 Row Section TOOF Division/B	lock <u>35</u>
Grave space & Care Fund Deed # 5950	0_
Additional spaces and care fund	
Opening/Closing & Setup	413.00
Buriel Contellner PAID	209.00
Handling Fees	160.00
Flower vases - Marker setting fee	
Recording and filing fee BOUNT HOPE CEMETERY	50.00
Sales taxes	0/0 20
Paid receipt number R - 57143	848.20
Balance due	Ø_
I hereby certify I am the	named decedent fy and represent ry harmless from
I hereby authorize the interment in lot I bignature at the ch	red)
Paulatta Paulatta Paulatta Paulatta	062 Zip Code
Work Order # E 18283 Acct. #	

REA-104 (7-95)

This information is available in alternative formats upon request.





## MT HOPE CEMETERY £-18283

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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		Land or	M	× •	T	
nathaw!	HEFTIN	Swier Ga	X	-\	Do dSon	
					S S S S S S S S S S S S S S S S S S S	

Blind Ch	eck Initia	ted By: _	Paw	lette	Date:	2/2/04
Intermen	t space f	or: <u>Da</u>	wid	Suice	ring	al .
				_ Time:		
			_		t: <u>//</u>	Gr: <u>2</u>
Grave La	aid out by	: Mar	_ t.	~		
Agrees w	vith Lega	l Card: Æ	LYes	O No	+10a	$\infty$

Agrees with Map: Yes No
Blind Check & Verified By: Mandamore Sale: 25/14

E18283

#### **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	19. MIDDLE	IC. LAST (FAMILY)		- 1	2. DATE OF BIRTH	3. DATE OF DEA	TH 4. SEX
	DAVID		-	SWIERING	ů		7772171905	01722720	
54	CITY OF DEATH			58. COUNTY OF DEAT	H - OUTSIDE CALIF.	6. NAME,	RELATIONSHIP, FULL		
	LAS VEGAS			ENTER STATE	VADA	PAUL	WRIGHT-DPO	G	
7A	. TYPED NAME AND A	DORESS OF CALIFORN	A - FUNERAL DIRECTOR OR PERSON				S SANDRILL		
	EL CAMINO	<b>NEM-CYPRES</b>	S VIEW CHAPEL 3953	3	PPLICABLE	LAS V	EGAS NV 89	104	
	IMPERIAL A	TOTAL CONTRACTOR OF THE PARTY O	GO CA 92113		FD670	BA. SIGNA	TURE OF APPLICANT-	Figure 1997 Street	
	ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed disposition sta and Safety Code, and was authorized pursuant to Sec		de	D 11.	11101 -111	02,	/02/2004
	(A.S.//A.)	THE CALIFORNIA HEALTH	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR-	9A. AMOUNT OF FEE PAID	98. DATE PERMIT 02/02/2	ISSUED 9	ec. Signature of Loc 2402352	AL AEGISTRAR ISSUI	NG PERMIT
			N SPECIFIED IN THIS PERMIT: D RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	E GALVE	Z	- 2		
A			GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA	vi?	RESS OF REGISTRAR SPOSITION IS TO OCCUP AL RECORDS DIEGO CA	P.O.	BOX 85222		
LIL	A. BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS (	OTHER	E. TEMPORARY ENVAULT F. DISINTERMENT G. SHIP IN TO CALIFORN D. TRANSIT TO OUTSIDE	IA.		L DISPOSITION F (Name and Addre	PENDING — REMAINS (66)	LOCATED AT
100	BURIAL	HE HOPE	DRESS OF CALIFORNIA CEMETER CENETRAL 375! NARE D CA 92102		118. DATE BURIE	D 11C	SIGNATURE OF PER	P	OF BURIAL
TEMS	CREMATION		DORESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREM	ATED 120	SIGNATURE OF PER	7.67	
洪			-					U.T.C.	OF CREMATION
APPLICABLE	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECEI	VED 130	. SIGNATURE OF PEI	RSON IN CHARGE	
COMPLETE ALL APPLICABLE	SCIENTIFIC USE	14A. NAME AND AD	DDRESS OF CALIFORNIA FACILITY  DDRESS IN RECEIVING STATE OR COREMATED REMAINS ARE TO BE	COUNTRY WHERE	138. DATE RECEI	•	: SIGNATURE OF PER : ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSO	OF FACILITY

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

619 264 5206 Cypress View

619 264 5206

14.4K P.1

01:57 7023820154

DESERT MEMORIAL

PAGE 86

Feb 02 04 12:08p

Cabless ATEM

Onter . 18283

SD MT. HOME CEMENTERY + CYPRESS

619 264 5206

p.6

AD: 166 DOS

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	MT. HOPE CEMETERY	
	INTERMENT ORDER	
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nac	D1-29-04*11 7 Pr D	129/04
	E .	- 4 <i>V</i> 7
u are hereby authorized t	and hydrocetal, hubbacs to trace rules and requisitions, to	inter the rememb
	David Swiering	0.5 (5.4)
Lining	Francis date time Thurs Fe	65 11:00
The Chart Committee	Selivery Cupical	les was
	269	-3165 Redon
the section and before	named and have a solute and out on the passe much	
de militario (1111) Grand (10		
	2 mil _ Gentler TOUF Children	35
Grere		^
ero space à Care Fund .	Dee01 # 5950	
distance strategy and ourse		ulia m
sentral Closing & Batup	- PAID	413.00
nei Comstre	FAU	209.00
onding Feet	WN 29 7004	160.00
rew upper - Marker sell	200 ( 3 cm.	
cooding and tiling fee	CEMETERY	50.W
	MOUNT HOPE CEMPTER	16.20
	Total O.S.	848,20
	Parame - 4 - 571/3	848.20
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a tipe to home displaces to	make department of remoting as allow indicated 1 ca	rate and regressed
I Mability on account of se	and simple company	01
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to under deed	3 160.6	
- One VI	Walt 818 - 1-702-641-	
the same and	6 (man )	70/4 950
Lotte	1-702-641-	1062
Dalle		

## MT. HOPE CEMETERY

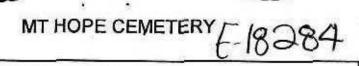
## INTERMENT ORDER

City of San Diego

Date	1	30	104	Į	
	-		di A		

At -	Date
You are hereby authorized and instructed	1-30-04 P03:39 OUT d, subject to your rules and regulations, to Inter the remains
7	Funeral, date, time Feb 6th FRI. 11:00
Church, Chapel, Graveside	S.D. Memorial Mortuary.
the property of the second sec	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
<b>7</b>	
Grave space & Care Fund	985.00
Additional spaces and care fund  Opening/Closing & Setup	
Committee of the second of the	
Handling Fees	FEB 8 4 2004 209.00
Flower weeks - Marker setting fee	- HODE CEMETERY -
Recording and filling fee	MOUNT HOPE CEMETERY
Sales taxes	1/20
-07 TO	Total Due
quy	Balance due
I hereby certify I am the and this is your authority to make dispot that I have the right to make this authorizating liability on account of said authorizating the said authorization and said authorization.	of the above named decedent sition of remains as above indicated. I certify and represent tation and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Bignature Gee Cattached)
Signature of recorded holder of deed	Address Zip Godo
Bulette	Telephone
AND DESCRIPTION AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Invoice #
Work Order # E 18284	Acct. #
The second secon	formation to a complete to alternative formation or an experience

© Printed on recycled paper



## GRAVE BLIND CHECK FORM

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

107 111 1110 1110						
	-	-	<b>x</b>	Celhan	ennet	
			Houston	Scott	T.	
	e	5	F	0	*	8
ntermer	nt space fo	r: Bo	Rulet arbar	at.	WALK	
ntermer	nt Date:	2.81	<del>94</del>	Time:	(:00	
Div:	Sect:	2 1	BÎk/Row: _	Lot:	82	Sr: 8
Grave La	aid out by	Now	ran fe	~allen		
			Yes	1		. Grave
Agrees v	with Map;	Ø Yes	, 0	No	Flog o	n Grame
3lind Ch	eck & Ve	rified By	Dail 7	Monig	Date:	2-4-01

## **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**



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

1.4	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	_		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
	BARBARA		ANN	WALKER		180	67/16/1944	01/30/2004	F
	SAN DIEGO			SAN DIE		OF IN		MAILING ADDRESS AND	ZIP CODE
7A	ZA DIE	E ST 92 TOR	A - FUNERAL DIRECTOR OR PERSON	19 5	CALIF LICENSE NUM - IF APPLICABLE FD-1575		46 G ST. N DIEGO, CA ATURE OF APPLICANT-	92102	SIGNED
	ACKNOWLEDGEMENT OF A	APPLICANT I hereby acknowledge of the Health	owledge as applicant that the proposed disposition size and Salety Code, and was authorized pursuant to Sec	sted herein is one of the disposition 7100 of the Health and Sa	tions authorized by Section 1 toty Code	× 46	sigh Leur	~ × 02/03	2004
		THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	I ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS SPECIFIED IN THIS PERMIT. I RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	02/0	3/2004 MON JR.		AL REGISTRAR ISSUING PE	PMIT
A	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	P.O. BOX	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA D, CA 92186—5222	9E.			T OF DISPOSITION — R DISTRICT IN CALIFORNIA		
	A BURIAL (INCLUDE  8. CREMATION  C. DISPOSITION OF THAN IN A CEME  D. SCIENTIFIC USE	CREMATED REMAINS C TERY	OTHER	Police (Tri Leon Parenti) a		URIED : 114	Name and Addres	ENDING — REMAINS LOCA 1861 ISON IN CHARGE OF BU	
	BURIAL	3751 M	GO, CA 92102		2-6-	04	Norman f	ergue	_
BLE ITEMS		12A. NAME AND AD	DDRESS OF CALIFORNIA CREMATO	ORY	12B. DATE C	REMATED 12	C, SIGNATURE OF PER	RSON IN CHARGE OF CF	REMAT
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAIN	S 138. DATE F	RECEIVED 13	C. SIGNATURE OF PER	ASON IN CHARGE OF FA	CILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OF C CREMATED REMAINS ARE TO BE		14B. DATE S	SHIPPED 14	C. ADDRESS AND SIGN OF PLACING WITH T	NATURE OF PERSON IN THE CARRIER	CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR I DIDENTIFY FINAL PLACE AND CAID EA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOS			C. SIGNATURE OF PER CHARGE OF DISPOS		EMAINS DIS-
-						-			-

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



## MT HOPE CEMITERY INTERMENT ORDER

AL Deed

C'b' 5' Dian Diogo

130/04

H-C		*			
You are hereby authoriz			and regul	altora, to inti	e. Ijva temeļne
ON A CONTRACT OF THE PARTY OF T	ra ann a	A STATE OF THE PARTY OF THE PAR	3***	731	11:00
ne <u>Uner</u>	F	uneral, date. time			11:00
Church, Chapai, Brave	ride	2:ــــــ	5.D.A	lemo (10	I (Morkumy
All Funeral cars must a	rrive before 3:30 p.m. o	of reguler work de	y of an ex	nre charge d	\$
wild box abolique od lilw	d to undersigned				
Lot 82 Grave	8 Row -	Section	2	Divisionille	_12
Grave space & Care Pu	/ <b>10</b>		ennin aa	.r1115.,111111	9850
Additional spaces and	care fund		******	anterques of the	
Opening/Closing & Set	<b>49</b>	16.7			41300
Burial Conteinar		-, 11-5-70 (11 <b>-11-11</b> -11-11-11-11-11-11-11-11-11-11-11			209.0
Handling Fees					I/A/L
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Recording and filing fee	Ď.,,		and the second section is		500
Gales IXxas					1000
~ 10			Total Due		XOOO
MOKI. ONLL	Peld r	eceipt number			
400	, ,	,		eup equelas	
I hereby certify I am the and this is your eathor that I have the right to r any limbility on account	ty to make disposition make this authorization	of remains six ab and I agree to he and interment.	ove indica	the above na sted. I certify se Cemetery	med decaders and represent narmless from
t nereby agmorise the i hold office dend.	Magazinearia (es 1621)	214	Té l		
But	202	_5D	W-19	487	)# C#
hum	30 W S = 10	to-colou at			
Work Order & E	18284	Acct. #			
REA 134 (7-86)	This internal	elderlievs at collection	In alterna	Ne formats	וצפעוטביו וייסקע

## At weed

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date_ 1-30-04

You are hereby authorized and instructed, su ofGW_AUDET_P	ubject to your rules and regulations, to litter the remains A # 2004 1019
in a D.D. Crupt (1A)	Funeral, date, time 2/6 Fuday 9.00
Church, Chapel, Graveside Delve	MAYOR Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of
will be applied and billed to undersigned	
to the	,-2-
ot_18 Grave_7 Row_	Section Division/Sleek
Grave space & Care Fund	10 131.00
Additional spaces and care fund	
Opening/Closing & Setup	439.00
Burlal Container	125.00
Handling Fees	
Flower vases - Nerker setting feet	
Recording and filing	41.00
Spies taxes	77.70
950000	Total Due
Peid Peid	receipt number
28c. 62/00	Balance due
I hereby certify I am the and this is your authority to make disposition	of the above named decedent n of remains as above indicated, I certify and represent
that I have the right to make this authorization any liability on account of said authorization	in and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of dead	City Zip Code
Paulette	T elephone
Koulo	Invoice #
Work Order # E 18285	Acct. #
- AND Park Depter Section 1	nation is available in alternative formats upon request

## Atried

## MT. HÖPE CEMETERY INTERMENT ORDER

City of San Diego02-94A09:11 RCVD

	A11:34 REF: Date
to change data/tra	bject to your rules and regulations, to inter the remains
of grospophi	
1 .// -	1 3/5 10100
Type of Burial Container	Funeral, date, time the Property
Church, Chapel, Graveside	: El Coyan Mariay
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	FX 440 0176
Lat Le 8 Grave 7 Bow	Section 2 Division/Alleck /2
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	<u> </u>
Burial Container	
Handling Fees	(200)
Flower vases - Marker setting fee	
Recording and filing fee	<u> </u>
Sales taxes	
	/ Total Due
ix Mac	
parts	adelpt number
	Balance due
I hereby certify I am the	SON of the above named decedent
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	SON of the above named decedent of remains as above indicated. I centry and represent and I agree to hold Mr. Hope Cemeter terminal from
any hazanny on account of said authorization	of the above named decedent n of remains as above indicated. I certify and represent n and I agree to hold Mr. Hope Cemetery named from and interment.
Lemans God Linux	of the above named decedent of remains as above indicated. I centify and represent and I agree to hold Mt. Hope Cemerary learniess from and interment.
any habitry on account of said authorization	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemeters samples from and interment.
I hereby authorize the interment in lot I	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mr. Hope Cemeters instruction and interment.  Suprature 1803 Colonial Ave.  Address CA 6 DETT CH-02-10
I hereby authorize the interment in lot I	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemeter harmless from and interment.  Supremer 1803 Colonial AVE Address SAN DEGO CH 9210
I hereby authorize the interment in lot I hold under deed.	1803 Coloniel Ave X SAN DEGO CH 9210 X (GIO) 264-1803
I hereby authorize the interment in lot I hold under deed.	X 1803 Colonial Ave X SAN DEGO CH 9210 X (G10) 264-1803
Legislative on account of said surnorization: Legislative Cook Links I hereby authorize the interment in lot I hold under deed.	1803 Coloniel Ave X SAN DAGO CH9210 X (G10) 264-1803 200000

## MT HOPE CEMETERY E-18286

## GRAVE BLIND CHECK FORM

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

ne buna	ii space.		(F)			
		- H	Palner	Justurasn		
-	-	Scott	x	Glorio, s		
		Show	derry	(Bussia	<del>L'</del>	
Blind Ch	eck Initia	ated By:	Fam		Date:	2/2
	it space		epho	ne G	woli	mpo
or annual time to the	t Date:	15 us		ime: ود. Lot: كُلُّ	( <u>126)</u>	00 110 r. 78
		v: Nam	1)	Alleen		
Agrees v	vith Lega	al Card: 🗷	Yes [	ON	plag	m
Agrees v	vith Map	Yes	O 1	Мо	0 0	nave
3lind Ch	eck & V	erified By:	Main	terma	Dates	19104

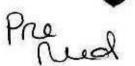
E-18286

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

-			_	STRUMBERHOOMS STORES					
IA	. NAME OF DECEDE		1C. LAST (FAMILY)					DE DEATH	4. SEX
	JOSEPHINE	NATALIA	GODINHO				1775	72004	F
5A	CITY OF DEATH		58. COUNTY OF DEAT	H-OUTSIDE CALIF.		RELATIONSHIP, FULL MAII ORMANT	LING ADDR	RESS AND ZI	CODE
	LA MESA	The state of the s	S.	AN DIEGO	10400000000	NARD GODINHO	- SO	N	
7A	EL CAJON	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON  10RTUARY		LIF. LICENSE NUMBER IF APPLICABLE		DIEGO, CA 92			
	684 S MOL	LISON AVE, EL CAJON, CA 92020	) F	D-1022	BA SIGNA	TURE OF APPLICANT—Pers	son lakine nera	M. BB. DAT	E SIGNED
_	ACKNOWLEDGMENT OF N	I I Code educated as audious that the assessed des	position stated herein is one of th		· Qu	Mit Tayen			2/2004
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT SWS NO MIGHT OF DISPOSAL OUTSING OF CALIFORNIA.	\$13.00	98. DATE PERMIT 02/02/2 JACKIE KO	2004	2402367	AL REGIST	rar Issuin	G PERMIT
AN	The second of th	PO BOX 85222  SAN DIEGO, CA 92186-5222		DIRESS OF REGISTRAR DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CAUFORN	ll A	oraco Illano	
10	AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS				FOR CORO	NER'S	JSE ONLY	
	B. CREMATION		E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT	SELECTION OF THE SELECT		I. DISPOSITION PI (Name and Add		REMAINS LO	CATED AT
	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETE MOUNT HOPE CEMETERY		118. DATE BURIE		SIGNATURE OF PERSO	ON IN CH	ARGE OF BL	PIA
	#39803#1-1	3751 MARKET STREET/SAN DIE	GO, CA 92102	2-2-09	1 1	KIM F.	1	me	
UBLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT N/A	ORY	12B. DATE CREMA	TED 12C	SIGNATURE OF PERSO	N CHA	RGE CRI	EMATION
ALL APPLICABLE	SCIENTIFIC USE	1SA. NAME AND ADDRESS OF CALIFORNIA FACILITY N/A	FRECEIVING REMAINS	138. DATE RECEI	VED 13C	. SIGNATURE OF PERSO	ON IN CH	ARGE OF FA	·
COMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE N/A.		14B. DATE SHIPP	ED   14C	ADDRESS AND SIGNAT OF PLACING WITH THE			CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O' FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR N/A		15B, DATE OF DISPOSITION		SIGNATURE OF PERSO CHARGE OF DISPOSIT		ISD. LICENSE OF CREM MAINS D —# APP	LATED RE-

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



REA-104 (7-96)

#### MT. HOPE GEMETERY

## INTERMENT ORDER

City of San Diggo_02-04P02:51 RCVD

	Date
	subject to your rules and regulations, to inter the remains
You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
- Gladys	0 bramlett
in a TS Usual "	Funeral, date, time
	; Mortuary.
All Funeral cars must arrive before 3:30 p.n	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 156 Grave 10 Row_	Section 2 Division/Block 12
Grave space & Care Fund	985_
Additional spaces and care turn	775=
Opening/Closing & Setu	43
Handling Fees FEB 0 2 2007	F6 looles 204
Flower vasses	13821
Recording and Country and Coun	50_
Sales taxes	2/21
	Total 000 431-208631
123	id receipt number 257157 2004.3
Pei	id receipt number 16-57 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
2.	Balance due
I hereby certify I am the	of the above named decedent on of remains as above indicated. I certify and represent
that I have the right to make this authorizat	son and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	n and interment.
I hereby authorize the interment in lot I	×a. Wendell Brance
hold under dead.	Signature 4220 Oceanvior blue
	100 9 2 1/5
Signature of reconsect topider of reed	City 20 Code
Jan-	× 1019) 242 -8479 2000
River Service Administration	
<b>F</b> 18287	Invoice #
Work Order # E 10207	Acct. #
REA-104 (7-96) This infor	rmation is available in alternative formats upon request.

© Printed on regular paper

## MT. HÔPE CEMETERY INTERMENT ORDER

Part Clark	wood .	City of San Die
AT	Need	02-02-04

	City of San Dieg			1
Need	02-02-04 F	03:28 ate	10-2	-04
i de la companya della companya della companya de la companya della companya dell	A 004-8-07-20-70-70-7	ernett – del tre stan	e e e e e e e e e e e e e e e e e e e	
You are hereby authorized and instructed	Subject to your	rules and reg 225	ulayone, to im	er the remains
no It Vault	Funeral, date	time \$10		10 th 1:01
Type of Bartal Container Church, Chapel, Graveside		BA	LOP	Mortuary.
All Funeral cars must arrive before 3:50	p.m. of regular wo	ork day or an	extra charge	swen
will be applied and billed to undersigned.	Andreas (Andreas of Andreas of An			
Lot 122 Grave 4 Row	Secti	lon	_ Division/Blo	12
Grave space & Care Fund			••••	985.0
Additional spaces and care fund				
Opening/Closing & Setup	PAID			413.00
Burial Container				275,0
Handling FeesF	EB 0 5 2004			204.00
Flower vases — Marker setting fee	HOPE CEN	LETERY		50 X
Calca tavas				2/3
147,441		Total Du		1948.3
20 HOUL WAST	Paid receipt numb	or Misa	J	1948.3
La atta	-		Balance due	0
hereby certify I am the	unt		f the above no	med decedent
and this is your authority to make disposithat I have the right to make this authorizationy liability on account of said authorizations.	ation and I agree	terficial Mt. H	ope Cemetery	harmless from
	///	//	1	<b>\</b>
hereby authorize the interment in lot I hold under deed.	Signature	100	-	a Dr
Ruby Timms	Palmas	2679	NANI	7 90
Signature of recorded holder of deed	de la	7	ago, Co	Zip Códe
luiette	Telliphon	4-01	90	7,0
wer	Invoice			
Work Order # E 18288	Acct. 4	0		
	- Frank I		miles because a	Townson the

REA-104 (7-96)

This information is available in alternative formats upon request.

## MT HOPE CEMETERY E-18288

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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.				
	Sure	NUCK	Clemen		
		x		soriano	
			<u> </u>		
	nitiated By: $\underline{\mathscr{V}}$	Section of the sectio	94	_ Date: <u>&amp;</u>	
3)	e: <u>2 - 10</u>			1:0	0
	ect:/_ BI	17		/22 G	r: <u>4</u>
	t by: Hom		Lucar	-	
	egal Card: D	Yes [	J No	Flag	on
Agrees with M	lap: 🛛 Yes & Verified B <del>y:_</del>	DALIE	NO Pl	Date:	29-04
bling Check &	x verified by:	- MADE	4	Date:	

E-18288

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

3

) (

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B, MIDDLE	1C LAST (FAMILY)				DATE OF DEATH	4. SEX
Debrah		Rochelle	Green		05		2/01/2004	F
SA. CITY OF DEATH		The West College		ATH-OUTSIDE CALIF	6. NAME, REL	ATIONSHIP, FULL MAILE	NG ADDRESS AND Z	IP CODE
San Diego			San Diego			^{IANT} James Gr		T
7A. TYPED NAME AND A	DORESS OF CALIFORN	IA-FUNERAL DIRECTOR OR PE	RSON ACTING AS SUCH 78. (	ALIF LICENSE NUMBER	10000	12 So. 58th		
Bishop Mor	tuary		Alteria de la Carte de la Cart		S	an Diego, C	A 92114	7
3444 Citru	s Street, 1	Lemon Grove, CA	91945 FD-	-1673	SA. SIGNATUR	E OF APPLICANT—Person	taking permit 88. DAT	E SIGNED
ACKNOWLEDGMENT OF A		classificate as applicant that the propor 376 of the Health and Safety Code, and w			> Katu	na Tame	~ 02/0	€/200
PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WITH PI FORNIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPEC	CODE	PAID 98. DATE PERM	CONTROL OF STREET, STR	SIGNATURE OF LOCAL	REGISTRAR ISSUM	IG PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT	ID BEST OF DEPOSAL CHITSDE OF CALL		02/06/20	Now Brown	2402808		
THE RESERVED FROM THE PROPERTY OF THE PARTY	9D. ADDRESS OF RE IF DEATH OCCURRE P.O. BOX	EGISTRAR OF DISTRICT OF	DEATH— SE.	ADDRESS OF REGISTRAL DISPOSITION IS TO OCC	OF DISTRICT	OF DISPOSITION-	S	
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			- 1	FOR CORON	ER'S USE ONL	y C
C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE	AINS OTHER		FORMA TSIDE OF CALIFORMA 118. DATE BURIE	0 1	GNATURE OF PERSON	IN CHARGE OF B	URIAL
BURIAL	Mt Hope ( 3751 Mari	Cematery set Street, San	Diego, CA 921	02	·Z	111.9	-	
CREMATION	12A. NAME AND A	ODRESS OF CALIFORNIA CR	EMATORY	12B. DATE CREMA	TED   196. SA	SNATURE OF PERSON	IN CHARGE OF CR	EMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECE	IVED 13C. SH	GNATURE OF PERSON	IN CHARGE OF F	ACILITY
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B, DATE SHIPP		DRESS AND SIGNATU PLACING WITH THE		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shoreline entify final place and ca		158. DATE OF DISPOSITION		GNATURE OF PERSON LARGE OF DISPOSITIO	N I OF CREA	MATED RE- DISPOSER

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

# bet need

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

13. 14. 12. 13. 14.		a	1.7	1-11	
02-03-04	A08:20	Date I	12	104	
				(	

You are hereby authorize	ed and instructed, su	ibject to your rules	s and regu	ulations, to in	ter the remains
of	Juaneta		200	224	537
in a AyCrus	$\mathcal{E}(A)$	Funeral, date, tim	e TVCO	n.tel	-4 11.00
Church Chapel, Gravesi	de		Ka	godal	Mortury.
All Funeral cars must arri	ive before 3:30 p.m.	of regular work d	ay or an é	xtra charge	of \$
will be applied and billed	to undersigned	_		-	
Lot 104 Graves	3 Aow	Section _		_ Division/9	
Grave space & Care Fun	d				985.00
Additional spaces and ca	bruf				
Opening/Closing & Setup	o				
Burlai Container		AID			418.00
Handling Fees					22700
Flower vasa - Marker s	etting fee FEI	3 0 5 2004			138,00
Recording and filing fee .				•	30.00
Sales taxes	MOUNT H	OPE CEME	TERY		32.40
Most	Paid	receipt number_	Total Due	Uši	2388.40
40	. 7.		,	Balance due	
I hereby certify I am the and this is your suthority that I have the right to me any ilability on account of	ake this authorization f said authorization	n and I agree to-b	pove India	ated. I certif	amed decedent y and represent y harmless from
I hereby authorize the im hold under deed.		× 693	- ( c	de Por	br. k-228
Signature of moorded houser of deed	8	Nederland (619) Telephone			92119 2000a
Work Order # E 1	8289_	Invoice #_			
REA-104 (7-96)	This inform	nation is available	in sitern	ative format	s upon request.

& Printed on respeied paper

## MT HOPE CEMETERY - 18289

## GRAVE BLIND CHECK FORM

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

		Boca	6	45	4
	thermon	x	Childre		
	-		-		-
lind Check Initia	ited By:	aule	tle	_ Date:	2/4
nterment space f			4		2
nonnent space i	01	- 0	II.		-
nterment Date:	mon.	7269	Time:	11:0	
nterment Date: Div:12_ Sect	Mou.	7e69 KJROW:_	Time: Lot:	11:0	
nterment Date: Div:12_ Sect	Mou.	7e69 KJROW:_	Time: Lot:	11:0	
nterment Date:	Mou.  1 Bi	7e69 WROW:_ on fe	Time: Lot:	11:0 104	Gr:_ <i>3</i>
nterment Date:	Mou.  1 Bi	7e69 WROW:_ on fe	Time: Lot:	11:0 104	Gr:_ <i>3</i>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18289

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1 1B. MIDDLE	1C. LAST (FAX	<b>4.19</b>	2. DATE OF		E OF DEATH	4. SEX
Juanita		Lorraine	Torian	and the same of th	09/16/1	#57 2-9-947   LAURY CHILDREN	0/2004	F
SA. CITY OF DEATH			58. COUNTY OF	DEATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP OF INFORMANT		DORESS AND Z	P CODE
San Diego				San Diego	Darnesha To	rian, Gra	inddaugh	ter
		IA-FUNERAL DIRECTOR OR PER		7B. CALIF. LICENSE NUMBER —IF APPLICABLE	6516 Lockfo			
		ortuary, 5050 Fe			San Diego,		7	
San Diego	CA 92102			FD-1329	BA. SIGNATURE OF APPL			
ACKNOWLEDGMENT OF AP	PLICANT I hereby Section II	schowledge as applicant that the proposi 1376 of the Health and Safety Code, and wa	s authorized pursuant to Section	7100 of the Health and Safety Code.		amores		CONTRACTOR OF THE PARTY.
PERMIT	THIS PERMIT IS ISS	UED IN ACCORDANCE WITH PR	OVI- BA. AMOUNT OF	FEE PAID 98. DATE PERMI		E OF LOCAL REG	ISTRAR ISSUIN	G PERMIT
AUTHORIZATION OF	AND IS THE AUTHORI	TY FOR THE DISPOSITION SPECI	FIED	02/03/20				
LOCAL REGISTRAR	NOTE: THIS PERMIT SINES I	O MICH OF DISPOSAL OUTSIDE OF CALLEY	CONTRACTOR	B. Campb	Contract of the last of the la			
ANY CHANGE IN DISPOSI-	PD. ADDRESS OF R	EGISTRAR OF DISTRICT OF D	DEATH—	PE. ADDRESS OF REGISTRAL  IF DISPOSITION IS TO OCC	OF DISTRICT OF DISPO			
PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	ords, P.O. Box	35222	120 132 M000 1232 101 W 1 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1				
	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IS NOT THE	CA 92186-5222	i	-				
O. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FO	R CORONER'S	USE ONLY	
A BURIAL (MCLU	DES ENTOMÉMENT)	220	E. TEMPORARY	ENVAULTMENT		OSITION PENDING	-REMAINS LO	DCATE A
B. CREMATION			F. DISINTERME	NT	(Nam	ne and Address)		
	OF CREMATED REM	IAINS OTHER	G. SHIP IN TO	CALIFORNIA				
D. SCIENTIFIC US			H. TRANSIT TO	OUTSIDE OF CALIFORNIA				
-	11A NAME AND A	DDRESS OF CALIFORNIA CEA	AFTERY	118 DATE BURN	D 11C SIGNATURE	OF PERSON IN	CHARGE OF BL	URIA
BURIAL		Cemetery, 3751	The same of the sa	The state of the s		0		
207.0.2		. CA 92102		12-7-04	Morma	m Form	10	
2	17.11	DORESS OF CALIFORNIA CRE	EMATORY	12B. DATE CREMA	- ID-11-10-			EMATION
CREMATION					8			
E Onemation		-		1				
SCIENTIFIC	13A. NAME AND A	ODRESS OF CALIFORNIA FAC	CILITY RECEIVING REM	AINS 138 DATE RECE	IVED 13C SIGNATURE	OF PERSON IN	CHARGE OF F	ACILITY
SCIENTIFIC	STREET, STREET, STREET,			1/2/1/45/200				
USE				i	102			
	164 NAME AND A	DORESS IN RECEIVING STATE	OR COUNTRY WHER	E 14B, DATE SHIPI	PED 14C ADDRESS A	NO SIGNATURE (	F PERSON IN	CHARGE
TRANSIT		CREMATED REMAINS ARE TO		1 1750 5 1750		WITH THE CAR		0.000
TRANSIT		_		i	L _E			
NOT THE RESERVE THE PARTY OF TH	TEA ADDOCCO NE	AREST POINT ON SHORELINE, O	OD OTHER DESCRIPTION	SUF- 158, DATE OF	15C. SIGNATURE	OF DEDRON IN	15D. LICENSE	MILLANDS
SCATTERING AT SEA OR		ENTIFY FINAL PLACE AND CA				DISPOSITION	OF CREA	NATED RE-
DISPOSITION OTHER	<i>ξ</i>		90	3	i		-IF APP	
HOW IN A CEMETERY				1	1 1		- E	

COPY 2

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

## MT. HOPE CEMETERY

#### INTERMENT ORDER

AT Need

City of San Diego

Date_2-3-04

You are hereby authorized and instructed of Laga Stee	1 27771	teo
In and and a Compose (A)	Funeral, date, time_UU	eds 720.4+110
Church Chapel, Graveside	:Kago	dale Mortuary.
All Funeral cars must arrive before 350	p.m. of regular work day of an	extra charge of \$
will be applied and billed to undersigned.		
Lot 44 Grave 7 Row	Section	_ Division/Bleek12
Grave space & Care Fund	E-16257	
Additional spaces and care fund		<u>-</u> _
Opening/Closing & Setup	DAID	413,00
Burlal Container		418.00
Handling Fees	FEB 0.3 2004	352.00
Flower vases - Marker setting fee		
Recording and filing feeMOU	NT HOPE CEMETER	RY 50.00
Sales taxes		32.40
- noux	Tetal Du	1 12654
willy Top whose	Paid receipt number Paul	Ma 12654
700 00 kg 4034 4 7		Balance due
I hereby certify I am the X SISter	rin- law	of the above named decedent
and this is your authority to make disposithed I have the right to make this authorize	skinn of remains as above indi	cated. I certify and represent
any liability on account of said authorizati	tion and interment.	A
I hereby authorize the interment in lot I	Xera	Jean Coby
hold under deed.	x 3045 C	Vene View Ad
	- Joseph	e, Ca. 91901
Signature of recorded holder of deed	G(G) 4	45-4386 24 COOL
Bulette	7.0 2	44-5162 1000
Low	(6/7)	1. 2103 Get
10	IIIANING A	The state of the s

arrival 12:30

The state of

## MT HOPE CEMETERY [-18290

## GRAVE BLIND CHECK FORM

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

			01/0		
		Reteison	Patrick	Ling	+
		x	broker	1.	Breken Rich
*			mayh	dil	
Blind Check Ini	e for: Ola	ra St	ewore	ď	
Interment Date:	2-4-0	04 T	ime:	11:00	Church
Div: <u>/2</u> Se				44	3r: <u>7</u>
Grave Laid out	ph:7/2~	on fer	·		
Agrees with Lea	gal Card: 🗷	Yes C	J No >	lear	m
	, _				, ,
Blind Check &	Verified By	Man	knows	Date	9/3/14

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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#### Frication and remail for disrostron or noman kemain

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A NAME OF DECEDENT—FIRST (GIVEN) IR MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR 01/29/2004 MONTH, DAY, YEAR 12/10/1938 Clara Maa Steward 5A CITY OF DEATH 58 COUNTY OF DEATH-OUTSIDE CALIF. 6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE San Diego San Diego CLEO Steward, Eusband 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 4080 Marlesta Drivel --- IF APPLICABLE Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92111 San Diego, CA 92102 FD-1329 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herem is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 02/02/2004 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 2402383 02/02/2004 AUTHORIZATION OF IN THIS PERMIT. NOTE: THIS PERMIT CINES NO MICHT OF RESPONAL CHISSISE OF CALFORNIA. 13.00 B. Campbell LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records, P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92166-5222 NO. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING REMAINS LOCAL (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIA Mt. Hope Cemetery, 3751 Market Street BURIAL San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B. DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148 DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C SIGNATURE OF PERSON IN 15D LICENSE NUMBER SCATTERING AT SEA CHARGE OF DISPOSITION OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

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

# pu need

REA-104 (7-95)

## MT. HOPE CEMETERY INTERMENT ORDER

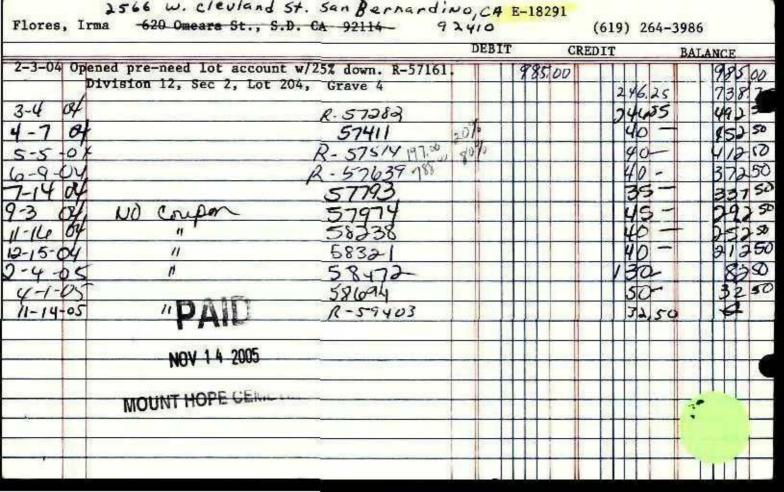
City of San Diego

Date 2-3-04

	subject to your rules and regulations, to inter the rem NO 271432	ains
ina U	Funeral, date, time	
Type of Burlel Container Church, Chaplel, Graveside	, Wortu	Jary.
All Funeral cars must arrive before 3:30 p.n	m. of regular work day or an extra charge of \$	N 18
will be applied and billed to undersigned.		- 23
Lot 20 4 Grave 4 Row _	Section 2_ Division/Block [2	<u>L</u>
Grave space & Care Fund	985	00
Additional spaces and care fund		
Opening/Closing & Setup		- 2
Burial Container	DAID	
Handling Fees	PAIP	
Recording and the ball.	NT HOPE CEMETERS	_
NOV 1 4 2005	Total Due	-
MOUNT HOPE CT	R - 59403 Ball Control of the above named dece on of remains as above indicated. I certify and repression and I agree to hold Mt. Hope Cemetery harmless	75 dent
	432 Somo flore ST.	_
Bignature of recorded holder of deed	Sandiego (A.92.  City (19) 264-39-86  Telephone	1/4 p Code
Work Order # E 18291	Invoice #	

O Printed on recycled paper

This information is available in alternative formats upon request.



# pre-need

REA-104 (7-96)

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-3-04

na	Funeral, date, time
Type of Burtel Container Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:3	30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	CONTROL OF THE PROPERTY OF THE
Lot 34 Grave 9 Ro	DWPAID_R_Division/Bleek_MASons
Grave space & Care Fund	FEB 0.3 2004 877.50
Additional spaces and care fund	
Opening/Closing & Setup	MOUNT HOPE CEMETERY
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	monument foundation 213.84
Recording and filing fee	
Sales taxes	1091.34
	Total Due
14	Paid receipt number R-57/63
	Balance due
hereby certify I am the	of the above named decedent
and this is your guillority to make disp that I have the right to make this author any liability on account of said author!	position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from
any negative on account or seed author.	and the memory
I hereby authorize the interment in lot hold under deed.	organity N
	Address
Signature of recorded holder of deed	- (619) 562-8770 2000
whether	Telephone
	lauration 40
Work Order # E 18292	Acct. #

& Printed on respoled paper

## MT. HOPE CEMETERY INTERMENT ORDER

#### City of San Diego

At Need	Date_ 1-30-04
You are hereby authorized and instructed, a or 647 Audet	subject to your rules and regulations, to inter the remains PA # 2004/019 227445
ne DD Grapt lines_	Funeral, date, time Feb. lo Filiday 9:00
Church, Chapel, Graveside	: Mayor Mortuery.
All Funeral cars must arrive before 3:30 p.n	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 42 Grave 8 Row_	Section / Ohvision/Block /2
Grave space & Care Fund	985.00
Additional spaces and care fund	doors claim
Opening/Closing & Setup	iled \$11104 413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases - Marker setting fee	100 John 100
Recording and filing fee	50.00
Sales taxes	hulub 16.20
ero DELA TUBA	Total Due
PGO DE LA TOBA X 868-694-9987	recipies pumber 214883 1833 &
State Same	Belance due
hereby certify i am the	of the above named decedent
and this is your authority to make disposition	
any liability on account of said authorization	
I hereby authorize the interment in lot I	1.0
hold under deed.	Signature VI Land VIII
Biomaken of recorded leider of deed	Address of Dec
	City 20 Code
Paulatte	747767 000 00 m
Yau	Invoice # 5430 XLP
Work Order # E 18293	Acct. (100952

MT HOPE CEMETERY E-18293

## GRAVE BLIND CHECK FORM

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

		I T		
		<b>x</b> =	Taylor	laylor
	Courcett		5 Ever	<u> </u>
nterment spa	nitiated By: ce for: e:_2 - 6 - 0	y and Time	et PA. 9:00 A	м
	Sect: BII	1.3		Gr: <u></u>
Agrees with L	egal Card: 🍂	Yes D	10 T/2	0
grees with M	lap: XX Yes	□ No	٢٩	9 00/
Blind Check	& Verified By:	m. Genda	myloate	2/4/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
GARY GASTON		AUDET		06/27/1933 12/31/2003 M
A. CITY OF DEATH		5B. COUNTY OF DEATH	H-OUTSIDE CALIF	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO			IN DIEGO	MARCO DE LA TOBA - PUBLIC GUARDIA
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	ORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO			5201-A RUFFIN RD.
MAYER MORTU	ARY, 2859 ADAMS AVE., SAN D	IEGO, CA	FAPPLICABLE	SAN DIEGO, CA 92123
	92116	FD-	1424	BA. SIGNATURE OF APPLICANT-Person taking permit, 8B. DATE SIGNET
ACKNOWLEDGMENT OF A	PLICANT I hereby acknowledge as applicant that the proposed di Section 10376 of the Health and Safety Code, and was auf	spesition stated heren is one of the horized pursuant to Section 7100 of the	dispositions authorized by e Health and Safety Code.	Marito odazla
PERMIT WITHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODI AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIES IN THIS PERMIT ONES NO MONT OF DISPOSAL OUTSIDE OF CALFORNIA NOTE: THIS PERMIT ONES NO MONT OF DISPOSAL OUTSIDE OF CALFORNIA	5	02/02/200 R.MARTIN	1/3 5 C 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
	NO. ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CAUFORNIA VITAL RECORDS P.O. BOX 852. SAN DIEGO, CA 92186-5222	1 1		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA
O. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS		7	FOR CORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMET MTY.HOPE CEMETERY. 3751 MA			D 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
	SAN DIEGO, CA 92102	0600000	2-6-06	100000000000000000000000000000000000000
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	TY RECEIVING REMAINS	13B DATE RECE	VED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO B		14B, DATE SHIPF	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

D01

02/04/2004 WED 10:21 FAX 858 495 5127

SD MT. HOPE CEMENTERY + 916586943987

NO. 180

#### MT. HOPE CEMETERY INTERMENT ORDER

	vea.
at	MAN

City of San Diego 1-30-04 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains PA # 2004/019 Buy Audet Flidou DD Crupt Church, Chapel, Groveside _ Mortuery. All Funeral ogra must grove before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undereigned. 985.00 Grave space & Gare Fund ........ Additional spaces and care fund ...... 413.00 209.00 Burial Certainer 160.00 Plomer vases - Marker setting fee ....... 50.00 16.20 1833.20 Total Due .... of the above named deceders the right to make this withorize on account of seld authorize hereby authorize the interment in lot I lold under deed. PUBLIC ADMINISTRATOR BUBLIC GUARDIAN 520)-A RUFFIN ROAD SAN DIEGO, CALIFORNIA 92123-1699 Invoice #_ 18293 Acd. a .

NEA-194 (7-98)

Tale information le available in allemative formats upon reguest.

T 14 25

€ 18293

## NOTICE OF ADMINISTRATION

OF THE ESTATE OF

GUY GASTON AUDET, AKA'S: GUY G. AUDET, GUY AUDET, (NAME)

#### DECEDENT

#### NOTICE TO CREDITORS

4	(Alamate
1.	(Name):

PATRICIA A. FROSIO, PUBLIC ADMÍN

(Address):

5201-A RUFFIN RD.

SAN DIEGO, CA 92123

(Telephone): (858) 694-3500

is the personal representative of the ESTATE OF (name): GUY GASTON AUDET, AKA'S: GUY , who is deceased.

G. AUDET,

SAN DIEGO

2. The personal representative HAS BEGUN ADMINISTRATION of the decedent's estate in the

a. SUPERIOR COURT OF CALIFORNIA, COUNTY OF (specify): STREET ADDRESS:

325 SOUTH MELROSE

MAILING ADDRESS:

325 SOUTH MELROSE

CITY AND ZIP CODE: VISTA, CA 92083-6627

BRANCH NAME:

PROBATE

b. Case number (specify): PN27545

3.	You must FILE YOUR CLAIM with the court clerk (address in item 2a) AND mail or deliver a copy to the personal representative
	before the later of the following times as provided in section 9100:

a. four months after (date): 03/24/04 the date letters (authority to act for the estate) were first issued to the personal representative, OR b. sixty days after (date): the date this notice was mailed or personally delivered to you.

LATE CLAIMS: If you do not file your claim before it is due, you must file a petition with the court for permission to file a late claim as provided in Probate Code section 9103.

WHERE TO GET A CREDITOR'S CLAIM FORM: If a Creditor's Claim (form DE-172) did not accompany this notice, you may obtain a copy from any superior court clerk or from the person who sent you this notice. A letter to the court stating your claim is not sufficient.

FAILURE TO FILE A CLAIM: Failure to file a claim with the court and serve a copy of the claim on the personal representative will in most instances invalidate your claim.

IF YOU MAIL YOUR CLAIM: If you use the mail to file your claim with the court, for your protection you should send your claim by certified mall, with return receipt requested. If you use the mail to serve a copy of your claim on the personal representative, you should also use certified mail.

NOTE: To assist the creditor and the court, please send a copy of the Creditor's Claim form with this notice.

(Proof of Service on reverse)

## [Optional]

	PROOF OF SER	RVICE BY MAIL
		resident of or employed in the county where the mailing occurred.
9	<ol> <li>My residence or business address is (specify):</li> <li>5201-A RUFFIN ROAD, SAN DIEGO, CA 9212.</li> </ol>	3
3	business practices. I am readily familiar with the bu	s Postal Service with the postage fully prepaid.  he date and at the place's hown in item 4 following our ordinary islness' practice for collecting and processing correspondence for ed for collection and mailing, it is deposited in the ordinary course or
4	4. a. Date of deposit: 04/22/04 b. Pla	ace of deposit (city and state): SAN DIEGO, CA
1	I declare under penalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.
	Date: 04/22/04	Ciedal
	GREG OJEDA	(SIGNATURE OF DECLARANT)
	NAME AND ADDRESS OF EACH PERS	ON TO WHOM NOTICE WAS MAILED
1 5	CITY OF SAN DIEGO CALIFORNIA CITY TREASURER PO BOX 122289 SAN DIEGO, CA 92112 ACCT# 000952	
	List of names and addresses continued in attachment.	
*	*NOTE: To assist the creditor and the court, please send a copy of t	the Creditor's Claim (form DE-172) with the notice.

			11
	51		· L: 18293
PATRODUCY OR BANDOWN AND A STORE	RNEY (Name, state bar number, and address):		DE-17:
ATTORNEY OR PARTY WITHOUT ATTOR	858/694-3500	858/694-3987	NOS: FOR COURT USE ONLY
JOHN J. SANSONE,		030,051 330,	
BY CHERYL K. TUCKI			
SBN 125540	22/2/4/2 SACA COMPANIAN SACA SACA SACA SACA SACA SACA SACA SA		
5201-A RUFFIN ROAL			2
SAN DIEGO CA 92123		ALEXANDER OF THE SEC.	
	CIA A. FROSIO, PUBLIC		
SUPERIOR COURT OF CAL	- 1979年 - 19	N DIEGO	
STREET ADDRESS: 325 SC	OUTH MELROSE		
MAILING ADDRESS: 325 SC	OUTH MELROSE		
CITY AND ZIP CODE: VISTA	CA 92083-6627		
BRANCH NAME: PROBAT			4
	ASTON AUDET, AKA'S:	CITY C AUDET	
GUY AUDET,	ETON RODEL, AND D.	GOT G. AODBT,	
GOT AUDET,		DECED	SENT
		DECED	
	CREDITOR'S CLAIM		CASE NUMBER:
w w		36 1 10	PN 27545
	ersonal representative and his or	her attorney.	4
Total amount of the claim: \$			
Claimant (name):			
a. an individual			
b. an individual or ent	ity doing business under the fictit	tious name of (specify)	•
c. a partnership. The	person signing has authority to s	sion on hehalf of the na	rtnershin
The second secon	person signing has authority to a		
	person signing has authority to a	aight ou benail of the co	прогашел,
e other (specify):	•>		
Address of claimant (specify	<i>)</i> .		
Managara [ ] w		# - r - r - r - r - r - r - r - r - r -	Section 1
Claimant is the credito	r a person acting on beha	an ut creditor (state rea	Suri).
			•
SELECTION OF THE PART ASSESSED.	00 00 NATION VALUE SHAW		VV US
Claimant is the	personal representative t	he attorney for the pen	sonal representative.
			I payments on or offsets to the claim have been
credited. Facts supporting to			
	y under the laws of the State of (	California that the fores	joing is true and correct.
te:	29		av a 3
2900	- 10 A	160	
	No.		
3 3 4 7 4 4 <u>4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 </u>	NAME AND THE	Et Sec	(SIGNATURE OF CLAMMANT)
LITTE OR PRINT	INCTRICTO	NS TO CLAIMANT	(digital type of committy)
Secure Company of the			and the second of the second o
마는 그 경우 오른 경우 바다 아내는 이 경기가 있는 그 경기가 있다면 하는데 보고 있다. 그리고 있다면 하다 없다.			he debt incurred. Describe the Item or service in
			ed after the date of death, except funeral claims
	tingent, or the amount is not yet		
			ist be attached (state why original is unavailable
If secured by mortgage, dee	ed of trust, or other lien on prope	erty that is of record, it	is sufficient to describe the security and refer to
	e, and county where recorded. (3		
			ified mail, with return receipt requested.
			lete the Proof of Mailing or Personal Delivery on
the reverse.	Personal reproductions and the	- nor anomore comp	
	or his or her attorney will notify	MU when your claim in	allowed or rejected
			personal representative must be filed within the
	그림 시계는 이번들과 내가 되었는데 이번 시간 나는 사람들이 되었다면 하면 하는데 하는데 되었다.		herantial representative most be tiled within th
ciaim period allowed in Prob	ate Code section 9100. See the	HORICE DOX Shove	

Form Approved by the Judicial Council of California DE-172 [Rev. January 1, 1998] Mandatory Use [1/1/2000] (Continued on reverse)
CREDITOR'S CLAIM
(Probate)



Probate Code, §§ 9000 et seq., 9153

ESTATE OF (Name)	GUY GASTON A	UDET, AKA'S: GU	Y G. AUDET,	CASE NUMBER:	
GUY AUDET,			DECEDENT	PN 27545	
	FAC	TS SUPPORTING TH			40
			space is insufficien	t)	VALUE BEAUTIFUL AND A SALES
Date of item		Item and suppo	orting facts	20	Amount claimed
					2
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			32		
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				<b>P</b> 3	
				TOTA	u s
3. I mailed or perso a. Mail. I a (1) I end (a) I (b) I (c) I (d) F	m a resident of or emplosed a copy in an enveloped deposited the sea placed the enveloper our ordinary busing processing corresponding, it is deposent of personal representations on envelope:  Date of mailing:	of this Creditor's Claim to loyed in the county where slope AND alled envelope with the Unipe for collection and mainess practices. I ampondence for mailing. Coulted in the ordinary coultage fully prepaid. In and mailed first-class a sentative served:	e the mailing occurred.  nited States Postal Sentialing on the date and a readily familiar with on the same day that carse of business with the safollows:	vice with the posta at the place show the business' pro- correspondence is ne United States F	n in items below following actice for collecting and placed for collection and ostal Service in a sealed
	il delivery. I personally e of personal represent	delivered a copy of the o ative served:	claim to the personal re	presentative as fo	HOWS:
	ess where delivered:	2004 (1982 T.M. 1982)			
(3) Date	delivered:				
(4) Time	delivered:				
227Z	ity of perjury under the	laws of the State of California	ornia that the foregoing	is true and correc	t.
Date:					
				A STATE OF THE STA	
The second second	TYPE OR PRINT NAME OF CLAIM	ANT)		(SIGNATURE OF CLAIR	MANT)

	E-18293 DE-17
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  858/694-3500 858/694-398*  JOHN J. SANSONE, COUNTY COUNSEL BY CHERYL K. TUCKER, SENIOR DEPUTY SBN 125540 5201-A RUFFIN ROAD SAN DIEGO CA 92123 ATTORNEY FOR (Name): PATRICIA A. FROSIO, PUBLIC ADMIN SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	X NOS.: FOR COURT USE ONLY
STREET ADDRESS: 325 SOUTH MELROSE  MAILING ADDRESS: 325 SOUTH MELROSE  CITY AND ZIP CODE: VISTA, CA 92083-6627  BRANCH NAME: PROBATE	
ESTATE OF (Name): GUY GASTON AUDET, AKA'S: GUY G. AUDET, GUY AUDET,	EDENT
CREDITOR'S CLAIM	CASE NUMBER: PN 27545
deliver a copy of this claim to the personal representative and his or her attorney. WARNING: Your claim will in most instances be invalid if you do not properly commail or deliver a copy to the personal representative and his or her attorney.  Total amount of the claim: \$ 1633. 30	
a. an individual  b. an individual or entity doing business under the fictitious name of (specify)  c. a partnership. The person signing has authority to sign on behalf of the d. a corporation. The person signing has authority to sign on behalf of the e. other (specify):  c. Address of claimant (specify):  3151 Harket 31.  320 Diego Car Color (state residual)  Claimant is the creditor a person acting on behalf of creditor (state residual)	partnership. corporation. Hope Com etery
Claimant is the personal representative the attorney for the personal representative the attorney for the personal number of the personal representative the attorney for the personal representative	All payments on or offsets to the claim have been egoing is true and correct.  (SIGNATURE OF CLAMANT)
INSTRUCTIONS TO CLAIMANT  A. On the reverse, itemize the claim and show the date the service was rendered or detail, and indicate the amount claimed for each item. Do not include debts incured. If the claim is not due or contingent, or the amount is not yet ascertainable, state to if the claim is secured by a note or other written instrument, the original or a copy of the secured by mortgage, deed of trust, or other lien on property that is of record, the date or volume and page, and county where recorded. (See Prob. Code, § 91)	the debt incurred. Describe the item or service in rred after the date of death, except funeral claims, he facts supporting the claim. nust be attached (state why original is unavailable.) it is sufficient to describe the security and refer to
<ol> <li>Mail or take this original claim to the court clerk's office for filing. If mailed, use ce</li> <li>Mail or deliver a copy to the personal representative and his or her attorney. Com the reverse.</li> </ol>	
The personal representative or his or her attorney will notify you when your claim is. Claims against the estate by the personal representative and the attorney for the claim period allowed in Probate Code section 9100. See the notice box above.	DECEMBER 1992 STATE OF THE PROPERTY OF THE PRO

Form Approved by the Judicial Council of California DE-172 [Rev. January 1, 1998] Mandatory Use [1/1/2000] (Continued on reverse)
CREDITOR'S CLAIM
(Probate)



Probate Code, §§ 9000 et seq., 9153

		-			T PN 27545	
			ee attachment (if	IE CREDITOR'S C space is insuffici		
	Date of item	Mose of the Control	Item and supp	orting facts		Amount claimed
			7.5		10 M	
			A. 14			
	PROOF OF	72 			TOTAL	\$
		erson acting on bel	half of the creditor.		[12] 전 [14] [2] 전 [2] 전 [2] (2] (2] (2] (2] (2] (2] (2] (2] (2] (	SENTATIVE t least 18 years of ag
2. Myr 3. Ima	esidence or busines illed or personally de Mail. I am a res (1) I enclosed a (a) de (b) pl: ou pro ma (2) The envelop (a) Name of	person acting on belt as address is (specify elivered a copy of this sident of or employed copy in an envelope sposited the sealed eaced the envelope for ordinary business occasing correspond	half of the creditor.  2): 3751	At the time of mail  At the ti	office for filing) ing or delivery I was a code antative as follows (che	t least 18 years of ago ck either a or b below): fully prepaid. In items below following ice for collection and
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# Pro pur

REA-104 (7-98)

#### MT. HOPE CEMETERY

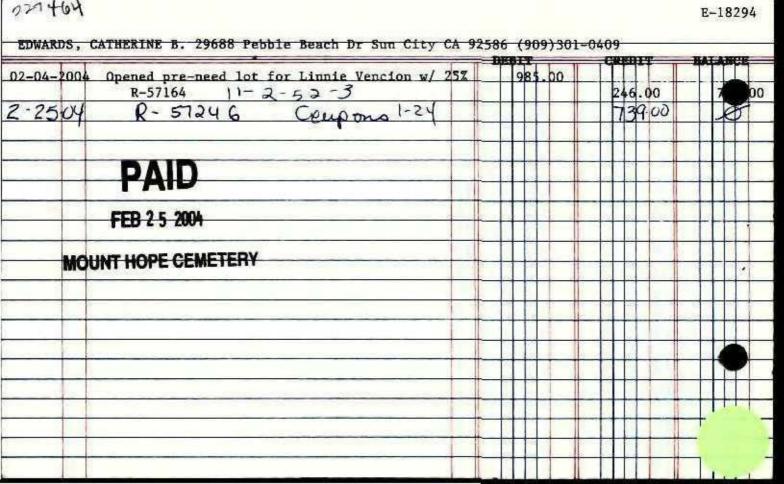
#### INTERMENT ORDER

City of San Diego-04A11:32 RCVD

Jo.	
[18] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	subject to your rules and regulations, to inter the remains
- Unnie	Vencien
N &	_ Funeral, date, time
	, Mortuary.
All Funeral cars must arrive before 3:30 p.n	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
	Section 2 Division/Block //
Stave space & Care Fund	98s-
Additional spaces and care fund	PAID
Opening/Closing & Setup	FAID
Burial Container	FEB 2 5 2004
landling Fees	1 1 2 3 2004
Flower vases - Marker setting fee	UNT HOPE CEMETERY
Sales taxes	
Pai	Total Due
hereby certify I am the black disposition and this is your authority to make dispositional I have the right to make this authorization in the liability on account of said authorization currently and the contraction of the liability of the liabi	on of remains as above indicated. I certify and represent ton and I agree to hold Mt. Hope Cemetery harmless from a and interment.
hereby authorize the interment in lot I mold under deed.	Addition City (t) 90580. Telephone
Work Order # E 18294	Invoice #

& Printel on respeled paper

This information is available in alternative formats upon request.



#### MT. HOPE CEMETERY INTERMENT ORDER City of San Diego 5-04 A10:36 IN You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund ..... Additional spaces and care fund Opening/Closing & Setup..... Burial Container..... Handling Fees ..... FEB 0 5 2004 Flower vesse - Marker setting fee ...... Recording and filling fee ..

Paid receipt number by USa 297. 2

MOUNT HOPE CEMETER

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

Signature of recorded holder of deed

E 18295

X Juga Patterson X Juga Patterson My Juga Patterson OK 909 461-2993

23127 Spring Meadow Dr Murricha, CA 92562

Invoice #____

This information is available in alternative formats upon request.

# Afrid

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Date 2/5/04

You are hereby auth	orized and instructed	, subject to your rules and regulations, to in	yer the remains
in a	er turiel Container	_ Funeral, date, time Man . 2/9	11:00
Church, Chapel, Gra	węside	- ; (A Beine	Mortuary.
All Funeral cars mus	t arrive before 3:30 p	.m. of regular work day or an extra charge	of \$
will be applied and b	illed to undersigned.		
Lot (CO Grav	ve_12_ Row_	Section 2 Division/B	12 Hard
Grave space & Care	Fund		985-
Fall Sale plant and the sale			
			1112-
Burial Container	xotup	PAID	209-
Durial Container	***/***********************************		1/00-
Handling Fees		EB 0 5 2004	100
Flower vacce Charle		LD 0 0 2001	
Recording and filing	100	HOPE CEMETERY	50
Sales taxes	MOUNI	HOPE CEMETER!	16.00
		Total Due	1833.20
		aid receipt number <u>R 57169</u>	1833.2
		wowenesses with the company of the c	-
	v 100	Balance due	
I hereby certify I am	the X TA ///	of the above n	emed-decedent
that I have the right t	to make this authorize	ation and I acres to hold Mr. Hors Cemeter	y harmless from
arry sability on accou	unt of said authorizati	on and intermeda-	()
I hereby authorize th	e interment in lot I	COX /	
hold under deed.	*.41	×	
Signature of recorded holder of	COC VI	X10. B. 174059	8
~		X AND MISSO CH	74 Zip Code
MAN		Todayhorn 619-726-70	75
FLOVI	200000000000000000000000000000000000000	Invoice #	
Work Order # E	18296	Agot. #	
REA-104 (7-96)	This ink	ormation is available in alternative format	s upon request.

© Printed on respoled paper

# MT HOPE CEMETERY £ 18296

#### GRAVE BLIND CHECK FORM

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		nccrea				
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	Cooper			Brown		
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Agrees	with Legal with Map: heck & Ver	☐ Yes	DAR	No REY!	Date	2.6.00

E-18296

#### **APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS**

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

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			1C. LAST (FAMILY					4. SEX			
	ALICIA		MICOLE	PREWITT				1172271981		172004	F
54	. CITY OF DEATH			5B. COUNTY OF ENTER STATE	DEATH	- OUTSIDE CALIF.,		RELATIONSHIP, FULL			
	SAN DIEGO			SAN DI	2010 100 100 100			CUMBERLAND	LL BUI	SEI-HOI	MAA
74		DORESS OF CALIFORNI A BURIAL CI	A - PUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 78	CALIF. — IF AP	LICENSE NUMBER PLICABLE	SAN	DIEGO CA 92	139		
			NATIONAL CITY CO	91950 1	D-1	689	OA CION	NATURE OF APPLICANT-		inn name	CIONED
-	ADDITIONAL EDGEMENT OF A	1 hereby ackn	owledge as applicant that the proposed disposition a and Salety Code, and was authorized pursuant to S	deted herein a one of the dispo	edions surf	nortzed by Setson 103065	M. Share	acts on the	1272		6/2004
-	PERMIT		ACCORDANCE WITH PROVISIONS OF	BA. AMOUNT OF FEE	PAID	98. DATE PERMIT	No. of Contract Contr	9C. SIGNATURE OF LOC			
	(A. 28-1407)	ITY FOR THE DISPOSITION	AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT.	le sporter results		02/84/20		waring 2	· sou	ven n	0
	LOCAL REGISTRAR		RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	1.0000	ADDO	V MITCH	The second second	CT OF DISPOSITION —			
	NY CHANGE IN DISPOSE	IF DEATH OCCURR	EGISTRAR OF DISTRICT OF DEATH	100	IF DIBI	POSITION IS TO OCCUP	IN ANOTH	ER DISTRICT IN CALIFORNIA			
	ERMIT TO SHOW FINAL DISPOSITION		ORDS-P.O. BOX 852: CA 92186-5222	22			_				
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLIC					-	FOR C	ORONORS	USE ONLY	-
	X A. BURIAL INCLUDE		MATERIAL PROPERTY OF THE PARTY	E. TEMPORARY EN	VAULTM	ENT		☐ I. DISPOSITION P	ENDING —	REMAINS LOCAT	TED AT
Ì	B. CREMATION		İ	F. DISINTERMENT				(Name and Addre			STATE OF STATE
Ī	C. DISPOSITION OF	CREMATED REMAINS	DTHER	G. SHIP IN TO CALI	FORNIA			5.60			
I	D. SCIENTIFIC USE		]	D TRANSIT TO OU	ISIDE O	F CALIFORNIA					
-	-17	11A NAME AND AD	DDRESS OF CALIFORNIA CEMETE	RY		11B. DATE BURIE	D   11	C. SIGNATURE OF PER	RSON IN C	LARGE OF BU	RIAL
	BURIAL				ě.		1.	11/11	1		
		3031 MARI	CET ST., SAN DIEGO	, LA 92102	•			FLM M	7/		
ş	-151-000215	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMAT	ORY		128. DATE CREM	ATED 12	SIGNATURE OF PE	SON IN C	HARGE OF CF	REMATION
CABLE ITEMS	CREMATION		-				1	· C			
BEE						1	•				
2LICA	And the second second	13A. NAME AND AD	IORESS OF CALIFORNIA FACILITY	RECEIVING REMAI	vs	138. DATE RECEI	VED   13	C. SIGNATURE OF PER	RSON IN C	HARGE OF FA	CILITY
AP	SCIENTIFIC USE		-								
¥	7.55861						Þ				740
ETE	A CONTRACTOR		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE			148. DATE SHIPP	ED 14	OF PLACING WITH			CHARGE
TRANSIT		82									
Ü		18A ADDRESS ME	AREST POINT ON SHORELINE, OR	OTHER DESCRIPTION	SN.	15B. DATE OF	-	SC. SIGNATURE OF PER	BON IN	15D LICENSE	NIMBED OF
	SCATTERING/BURIAL	SUFFICIENT TO	DIDENTIFY FINAL PLACE AND CA	DISTRICT OF DISPOS		DISPOSITION		CHARGE OF DISPO		CREMATED RI	EMAINS DIS-
	AT SEA OR DISPOSITION OTHER	IF BURIAL AT S	EA, <u>ONLY</u> ENTER LATITUDE AND L	LONGITUDE						- ODEN - UN	A L'EIGHBLE
	THAN IN A CEMETERY		2.5				•	8			

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

# AKNOON

### MT..HOPE GEMETERY INTERMENT ORDER

City of San Diego 02-11-04/11:45 PAU

Dato 2-6-04

You are hereby authorized and instructed of SOLEDAD	d, subject to your rules and regulations, to inter the remains $7AMAVO$ 327480
In a T.S VAULT	Funeral, date, time Wed 5 Feb. 11 10%
Church Chapel, Graveside	: Poway Bemardo Mortuary.
All Funeral cars must arrive before 3:30 will be applied and billed to undersigned	p.m. of regular work day or an extra charge of \$
Lot 14/7 Grave / Row	T -14/1/4
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	27510
Handing Fees	201/00
Flower vases - Marker setting fee	FEB 1 1 2004 50.00
Recording and filling fee	
1× 1858-748-4069	Total Due
	Balance due
I hereby certify I am the and this is your suthority to make disport that I have the right to make this authorizany liability on account of said authorizant inhereby authorize the interment in lot I hold under deed.	of the above named decedent eltion of remains as above indicated. I certify and represent ration and I agree to hold Mt. Hope Cemetery harmless from tion and interment.  See Alfached Signature
Bignature of recorded holder of deed	City Zip Code
aulate	Telephone
Work Order # E 18297	Acct. #
REA-104 (7-95) This in	formation is available in alternative formats upon request.

O Printed on recycled paper





#### MT HOPE CEMETERY

E 18297

#### **GRAVE BLIND CHECK FORM**

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	Ross	<b>x</b>	white	carr	
		Band	er-		
Interment Da	ace for: <u>500</u> te: <u>2 - 11 - 0</u>	24_	Time:	10:0	0.000
	Sect: E	~			:
Grave Laid o	nt by A orm	nam F			
Agrees with L	.egal Card: 🗆	Yes	□ No	Flag or	gane
10E	Map: ☐ Yes				
Blind Check	& Verified By:	DAKK	5/	Date:	2-1009

1/	A. NAME OF DECEDE	APPLICATION AND PER/ USE BLACK INK ONLY—MAR		S: 503 MU - 34 - 3	HUMAN REMATNS THER ALTERATIONS  [2. DATE OF BIRTH   3. DATE	297
	Soleda	d Rosete	Tanayo		06/28/1906 02/0	5/2004 F
5,	CITY OF DEATH		58. COUNTY OF DEAT	-OUTSIDE CALIF.	B. NAME, RELATIONSHIP, FULL MAILING AD	- Committee of the Comm
i d	Escond			an Diego	OF INFORMANT Ildon R. Tamayo- Son	
71	Poway !	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON Bernardo Mortuary Poway Road, Poway, CA 92064	-	APPLICABLE 1106	18374 Sycamore Creek Escondido, CA 92025	esteres 
-	ACKNOWLEDGMENT OF A		Million control and a management of the second of the second	100 mm	BA. SIGNATURE OF APPLICANT—Person tolars pa	02/10/2004
AF	PERMIT  JUTHORIZATION OF OGAL REGISTRAR  OY CHANGE IN DISPOSH- TION REQUIRES A NEW	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALLFORNIA HEALTH AND SAFETY CODE NAID IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.  MOTE THIS PERMIT GYES NO BERT OF DISTRICT OF CALFORNIA.  3D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH OCCURRED IN CALFORNIA.	\$13.00	02/10/20 E. Vigne	185UED 9C. SIGNATURE OF LOCAL REGIS  04  2402957  OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	STRAR ISSUING PERMIT
P	DISPOSITION.	P.O. Box 85222 San Diego, CA 92186-52	22	100		•
Control of the Contro	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER METERY	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	I DISPOSITION PENDING- (Name and Address)	-REMAINS LOCATED AT
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETI Mt. Hope Cemetery, 3751 Mar San Diego, CA 92102	Control of the second state of the second stat	2-11-0	1 1/ -	HARGE OF BURIAL
GE LENS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMAT	ED 12C. SIGNATURE OF PERSONAN CH	ARGE CREMATION
LL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138. DATE RECEN	PED 13C. SIGNATURE OF PERSON IN CI	HARGE OF FACILITY
OMPLETE A	THANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OF CREMATED REMAINS ARE TO BE		148. DATE SHIPPI	OF PLACING WITH THE CARRI	
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR C FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DIST</u>		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.

11:38

AKDEEd

## INTERMENT ORDER

City of San Diego

Date 2-6-04

me T.S. VAULT	
1) the of Billies Considers.	: Powart Bene do somery.
Church)Chapel, Graveoide	restourdenment be. Rest factors ex more at
All Funeral care must entire before \$:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
LDT 1417 Grave _ / Row _	Section Division/Black 10
Grave space & Care Fund	E-11468 0
Additional spaces and care fund	
Opening/Closing & Setup	4/3.00
Burtal Conteiner	
	204.00
Flower verse - Marker setting too	50.00
Recording and filing fee	·,·
Sales tistes	2/3/
6,4069	Total Due
FOX \$58-748-4069	receips number
5	Balance due
end this to your sufferity to make disposition	of the above named decedent n of name in above indicated. I certify and represent
that I have the right to make this susherization they liability on succent of said authorization	in and I agree to haid Mr. Hope Gemetery hermises from and integrant.
	Hola R. Tantas
hereby authorize the interment in lot I hold under dead.	19394 SYCAMORE CAROK RS
Johan R. Jamesy	CACAMINO CA QUATE
Agridin at conduct interior of cool	From Lot Only
Poulote	970) 70 1-7/1-1
Paule	Invoks 9
Week Order# E 18297	Acct. V
NEA-104 (T-68) This Inform	ration la available in alternative formets upon raquess.

#### MT. HOPE CEMETERY INTERMENT ORDER City of San Diego Date 2-6-04 -- 4 116 1 You are hereby authorized and instructed, subject to your fules analy authorized to inter the remains Battle Funeral, date, time Church, Chapel, Graveside - Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund ...... Additional spaces and care fund ..... Opening/Closing & Setup...... Burial Container..... Handling Fees ..... Flower vases - Marker setting fee Recording and filing fee ..... 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 Mr. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

nature of recorded holder of dead

92562

Zio Costa

Paulette 18298 Work Order #

Invoice # Acct. #

REA-104 (7-96)

This information is evailable in alternative formats upon request.

11218-2909

# MT HOPE CEMETERY E-18298

#### GRAVE BLIND CHECK FORM

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	8. year	X	Show	Fetz	
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lind Ch	eck Initiated By	: Paulett	2	Date:×	-11-09
	nt space for:				
4	nt Date: <u>2-17</u> Sect: <u>16</u>		15	The state of the state of	
	aid out by:	^			
grees v	with Legal Card	: 🗆 Yes	□ No	Flago	n grad
	with Map: DY	12207	No	Flag	0
Blind Ch	eck & Verified	BY DARK	FY/_	Date	21809

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

s 1537-03

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE  BERTHA  L.		IC. LAST (FAMILY)	(a)(c)	2. DATE OF BIRTH S. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 08/14/1929 02/05/2004 F		
		BATTLE				
SA. CITY OF DEATH  NATIONAL CITY		58, COUNTY OF DEATH	- OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING AS OF INFORMANT JOYCE PATTERSON-DAID		
CALIFORNIA	CREMATION	LA FUNERAL DIRECTOR OR PER LA BURIAL CHAPKI SAN DIEGO, CA 9		APPLICABLE	23127 SPRING MEADOW MURRIETA, CA 92562 BA_SIGNATURE OF APPLICANT—Person labing	DR.
ACKNOWLEDGMENT OF			ed disposition stated herein is one of the as authorized pursuant to Section 7100 of the	e Health and Salety Code.	Genette in	02/11/2004
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALE AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PR FORNIA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPECI NO NIGHT OF DISPOSAL DISTRICT OF CALLS	413.00	02/11/20 J.Benyari	psyeb oc. signature of local reg	ISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	EGISTRAR OF DISTRICT OF DED IN CAUFORNIA ROX 85 CA 92186-5222	1 15 0		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	•
10. AUTHORIZED DIS	POSITION(S) CHECK A	PPLICABLE ITEMS	9		FOR CORONER'S	USE ONLY
B. CREMATION	OF CREMATED REM	IANS OTHER	E. TEMPORARY ENVA	RNIA	i. DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
BURIAL		DDRESS OF CALIFORNIA CENTERRY 3751 M	METERY ST.	2-17-04	TIC SIGNATURE OF PERSON IN C	HARGE OF BURIAL
CREMATION		CALIFORNIA CREM , LAKE ELSINORE		2-13-44	ED 12C SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SOMENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	138, DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHIPPE	D 14G. ADDRESS AND SIGNATURE COPPLACING WITH THE CARE	
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO ID	AREST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA !		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

COPY 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.

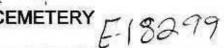
# Hud

## MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego -06-04P12:09 RCVD

You are hereby authorized and Instru	cted, subject to your rules and regulations, to inter the remains
n DO 200	Senderson 27500 Funeral, date, time Seat 2/14 11:00
Type of Berlal Container Church, Chapel, Graveside	Rassdale Mortuary.
	95 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	ned.
Lox (Q) Grave 7 P	N- 2177
Grave space & Care Fund	0 0112
Opening/Closing & Setup	AIC) E-17547
Burial Container	
Handling FeesFFR	0 6 2004
Flower vases - Marker setting lee	
Recording and filling What IRIT LEO	PE CELLULA
Sales taxes	IFE GERMAN
134CU 771 IC 1 - 041 C 204BE TA C 1.1144 C C C C C C C C C C C C C C C C C C	Total Due
	Paid receipt number
J 1	Balance due
I hereby cartify I am the Actual and this is your authority to make distinct I have the right to make this authory liability on account of said author	of the above named decedent glocition of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from testion and interment.
I hereby authorize the interment in lo	*X12 0 84 F
hold under deed.	X5304 Quince St.
Signature of Sicoudal Bibbs; of deed	X 80 Ca 92/05
tan_	X 619 / 263-763L
F 10000	Invoice #
Work Order # E 18299	Acct. #
AND CONTRACTOR OF THE PARTY OF	The second and the second of t

MT HOPE CEMETERY



#### **GRAVE BLIND CHECK FORM**

			1			
	Poe	vide Gallego	Fold	walloed		· · · · · · · · · · · · · · · · · · ·
		Gaves	Allen	mich		
Blind Chec Interment s Interment D	pace for	:_ Ru	My	Jen	ders	on
Div: <u> </u>	Sect:_	<u>\</u> ві	k/Row: _	Lot: <u>C</u>		1.00
Agrees with Agrees with Blind Chec					lag n	1
Agrees with	n Map: [	J Yes	DAG	No U	gra	ve.
Blind Chec	k & Veri	fied By:_	DAR	SEYI	Date:	2-17-04

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

15

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		1C. LAST (FAMILY)				E OF DEATH   4. SEX		
Ruby	y Mae		Fenderson			1/12/1928 02/0	5/2004 F	
SAN Diego			SB. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Barbara Starks, Daughter			
Anderson-R	DRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERSON TEURTY, 5050 Feder	HO INTO NO GOOKS	-IF APPLICABLE	5304 San	Quince Street Diego, CA 92113		
San Diego, CA 92102				FD-1329	8A. SIGNA	8A. SIGNATURE OF APPLICANT—Parson taking permit, 8B. DATE SIGNED		
ACKNOWLEDGMENT OF AF		clesconledge as applicant that the proposed disp 376 of the Health and Safety Code, and was autho			> Bla	culturges	02/07/2004	
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 IS ISSUED IN ACCORDANCE WITH PROVISIONS AND ISSUED IN ACCORDANCE WITH AND SAFETY CODE  AND ISS			8A. AMOUNT OF 13.00	BA. AMOUNT OF FEE PAID   BB. DATE PERMIT ISSUED   BC. SIGNATURE OF LOCAL REGISTRAR ISSUING    02/11/2004   2402997    B. Campbell			SISTRAR ISSUING PERMIT	
					RESS OF REGISTRAR OF DISTRICT OF DISPOSITION— SPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
O. AUTHORIZED DISPO	The state of the s			(d)	- 1	FOR CORONER'S	S USE ONLY	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	IIA NAME AND AL	ORESS OF CALIFORNIA CEMETE Cemetery, 3751 Max	RY	CALIFORNIA OUTSIDE OF CALIFORNIA 11B. DATE BURIL		(Name and Address)  SIGNATURE OF PERSON IN	CHARGE OF BURIAL	
CREMATION	12A, NAME AND AL	12B. DATE CREMA	TED 12C.	SIGNATURE OF PERSON OF	All the second s			
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			INS 13B. DATE RECE	IVED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
TRANSIT	14A. NAME AND AL REMAINS OR	14B, DATE SHIPF	ED 14G.	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE			

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