Pre-Paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 02-06-04P01:42 RCVD

Date _____

227463

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

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

Church, Chapel, Graveside _____ Community Mortuary.

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

will be applied and billed to undersigned. _____

Lot 115 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R 57185	1833.20
Balance due	0

PAID

FEB 06 2004

MOUNT HOPE CEMETERY

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

x Gheorghe I Timofti
Signature

x 210 S. 33rd st
Address

x San Diego 92113
City Zip Code

x (619) 236-8229
Telephone

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

_____
Signature of Recorded holder of deed

Ram

Invoice # _____

Work Order # E 18300

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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At Mud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-09-04P02:57 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linda M. Tanner 227485

in a liner (Type of Burial Container) Funeral, date, time Thurs. 2/12 11:00

Church, Chapel, Graveside St. Luke ; CA Burial Mortuary.

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

will be applied and billed to undersigned. _____

Lot 74 Grave 8 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number Visa	755.69
Balance due	1077.51
	RS7207 1077.50

PAID

FEB 09 2004

MOUNT HOPE CEMETERY

Mortuary 2 pay difference garette

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

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

_____
Signature of recorded holder of deed

Pam

x Clemmelia Walton
Signature

x 263 Dolo St.
Address

x San Diego CA 92114
City Zip Code

x (619) 263-8428
Telephone

Invoice # _____

Work Order # E 18301

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-18301

GRAVE BLIND CHECK FORM

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

			Thomas			
	Boykin	Boykin	X		Tarran	
			Smith			

Blind Check Initiated By: Pam Date: 2/9

Interment space for: Linda Tanner

Interment Date: Thurs 2/12 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 74 Gr: 8

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 2-10-09

E-18301 51

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LINDA	MARIE	TANNER	09/28/1952	02/04/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CLEMMELIA L. WALTON-DAUGHTER 451 RIDGEWAY CT. SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	Jeanette Bent	02/11/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/12/2004 J.BENYARD	2403101

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2-12-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F Jamison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At NEED

Date 2-9-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Burldine Carter-Freeman 227502

in a LINER (Type of Burial Container) Funeral, date, time Tues. Feb. 17th 11:00

Church, Chapel, Graveside ____ ; CA BURIAL Mortuary JEANNETTE

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

will be applied and billed to undersigned. ____

Lot 99 Grave 10 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	162.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57216	1833.20
Balance due	Ø

PAID

FEB 17 2004

MOUNT HOPE CEMETERY

02-17-04 03:10 PM

Mortuary to pay

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

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

Signature of recorded holder of deed

Signature ____

Address See attached

City ____ Zip Code ____

Telephone ____

Paulette

Work Order # E 18302

Invoice # ____

Acct. # ____

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

Fax 286-2674

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At NEED

Date 2-9-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Byrldine Carter-Freeman

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

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary JEANNETTE

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

will be applied and billed to undersigned. _____

Lot 99 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1833.20

Mortuary to pay

Paid receipt number _____

Balance due _____

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

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

Angel D. Ellison
Signature of recorded owner of lease

Angel D. Ellison
Signature

1348 Aurelle RD
Address

Strong Ar 71765
City Zip Code

870-797-2786
Telephone

Paulette

Work Order # E 18302

Invoice # _____

Acct. # _____

FSA-104 (7-95) This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18302

GRAVE BLIND CHECK FORM

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

			Gibson	Gibson	Hoopes	
	Huff		x	Perry		
			Hayes			

Blind Check Initiated By: Paulette Date: 2/10

Interment space for: Burkline Carter-Freeman

Interment Date: Tues Feb. Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 99 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag on grave

Blind Check & Verified By: [signature] Date: 2/13/04

E-18302

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BURLDINE	-	CARTER-FREEMAN	05/01/1944	02/09/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROBERTINE DOUGLAS-SISTER 7070 MADRONE AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶	02/13/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/13/2004	▶ Noneen L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92182-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92182-5222	11B. DATE BURIED 02/17/2004	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Kennedy	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Mud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-10-04A07:38 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Lambert 227494

in a liner (Type of Burial Container) Funeral, date, time Fri 2/13 1:00

Church, Chapel Graveside ; Bayview / Mayr Mortuary

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

will be applied and billed to undersigned. _____

Lot 14 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16 20
Total	1833.20
Paid receipt number R57195	1833.20
Balance due	0

PAID

FEB 10 2004

MOUNT HOPE CEMETERY

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

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

Signature of recorded holder of deed

Pam

X _____ Signature

X _____ Address

X See attached City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 18303

Acct. # _____

REA-104 (7-95)

This information is available in alternative formats upon request.

© Printed on recycled paper

At Mud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-10-04A07:38 RCVD

Date

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

in a liner (Type of Burial Container) Funeral, date, time Fri 2/13 1:00

Church, Chapel, Graveside ; Bayview / Mayer

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 85

will be applied and billed to undersigned.

Lot 14 Grave 9 Row Section 1 Division/Block 12

Grave space & Care Fund	985
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	209
Handling Fees	160
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	16.20
Total	1833.20
Paid receipt number R57195	1833.20
Balance due	0

PAID

FEB 1 0 2004

MOUNT HOPE CEMETERY

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

Elva Garell

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

Signature of recorded holder of deed

Pam

x Elva Garell
Signature

x 3643 4 5th
Address

x San Dieg 92105
City Zip Code

x 619-280-5761
Telephone

Invoice #

Work Order # E 18303

Acct. #

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18303

GRAVE BLIND CHECK FORM

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

			Lewis		Owens	
			X			
					Miller	
		Satchell	Sanchez DeChenne			

Blind Check Initiated By: Pam Date: 2/12

Interment space for: James Lambert

Interment Date: Fri 2/13 Time: 11:00 ?

Div: 12 Sect: 1 Blk/Row: ____ Lot: 14 Gr: 9

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 2/12/04

E- 18303

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	EDWARD	LAMBERT	03/10/1928	02/05/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	ELNA GARCIA - STEP-DAUGHTER 3643 45th.ST. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVE. SAN DIEGO, CA 92116	FD-1424	▶	02/11/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/12/2004 R.MARTINEZ	2403093 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2/12/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rud w/ Grace

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-10-04 Date 1:46 RCVD

227492

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Penny Carla Smith

in a Ash vault (Type of Burial Container) Funeral, date, time Fri 2/13 11:00

Church, Chapel, Graveside ; Fealthering ill Mortuary.

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

will be applied and billed to undersigned.

Lot 1611 Grave 1 Row Section 3 Division/Block 8

Grave space & Care Fund	B 7564	-0-
Additional spaces and care fund		
Opening/Closing & Setup		116
Burial Container		60
Handling Fees		66
Flower vases – Marker setting fee		
Recording and filing fee		50
Sales taxes		4.73
Total Due		297.73
Paid receipt number	Visa	297.73
Balance due		-0-

PAID

FEB 10 2004

MOUNT HOPE CEMETERY

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

William Anderson

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

Signature of recorded holder of deed

Signature X [signature]

Address X 3649 Copley 92116

City X SD CA 92116 Zip Code

Telephone 619 516-0069

Invoice #

Work Order # E 18304

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

w/Grace

MT HOPE CEMETERY E-18304

need signs

GRAVE BLIND CHECK FORM

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

			Shannon			
	Bayne	Bayne	X	tree		
			Arvidson	Thorson		

Blind Check Initiated By: Pam Date: 2/10

Interment space for: Penny Smith ⊗

Interment Date: Fri 2/13 Time: 11:00

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

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: DARREL Date: 2-11-04

E 18304 58

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1524-03

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Carla	Mae	Smith	09/15/1945	02/08/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sarah Marie Rosales (Mother) 3511 Tomahawk Ln. San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115	FD-1083	▶	02/11/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	02/11/2004 C. Maggard	2403033 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-13-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY So. CA Crematory: 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 02/11/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

At Mid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 02-10-04PG3:31 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony E. Aleman 227536

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

Church, Chapel, Graveside 33L X14W FCL Feb 27 1:00 Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1014 Grave 1 Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	110 —
Additional spaces and care fund	
Opening/Closing & Setup	138 —
Burial Container	77 —
Handling Fees	28 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	5.97
Total Due	408-97
Paid receipt number USA	408-97
Balance due	0

PAID

FEB 10 2004

MOUNT HOPE CEMETERY

gel measurements

most just confirmed date & time.

02-26-04A10:02 REF:

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

Sandra Delgado

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

X Sandra Delgado
Signature

X 234 27th St.
Address

X San Diego CA 92102
City Zip Code

X (619) 696-7959
Telephone

Signature of recorded holder of deed

Ran

Invoice # _____

Work Order # E 18305

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-18305

GRAVE BLIND CHECK FORM

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

		Prestfield		Berkdale		
			X			
				tree		

Blind Check Initiated By: Pam Date: 2/10

Interment space for: Anthony Coleman

Interment Date: 3/1/04 Time: 1:00 Chapel

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1014 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Robert B Date: 2/26/04

E-18305

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
[redacted] ANTHONY	ELIJAH	ALEMAN	02/06/2004	02/06/2004	MM

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]GO SAN DIEGO	SAN DIEGO	STEPHANIE DELGADO-MOTHER [redacted]304 SAN DIEGO,CA.92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO,CA.92102	FD-1425	▶ [signature]	02/2[illegible]/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	AURORA CHAVEZ 02/27/2004	2404046 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO,CA.92102	11B. DATE BURIED 2-27-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre to Af Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-11-04A10:14 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Isidoro Rodriguez 227498

in a DD Cypt 1st (Type of Burial Container) Funeral, Date, time Sat 2/14 9:30

(Church) Chapel, Graveside _____ ; Burge Roberts Mortuary.

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

Lot 72 Grave 5 Row _____ Section 5 Division/Block 2

Grave space & Care Fund	877 —
Additional spaces and care fund	660 —
Opening/Closing & Setup 2@ $413.00	826 —
Burial Container	417 60
Handling Fees	352 —
Flower vases – Marker setting fee	
Recording and filing fee 2@ $50.00	100 —
Sales taxes	32.40
Total Due	3265 —
Paid receipt number R57280	3265 —
Balance due	0 —

SAT. FEE PAID FEB 11 2004 MOUNT HOPE CEMETERY

I hereby certify I am the X1 Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Rodolfo Rodriguez

X Rudolfo R.

Signature

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

X 1804 Klauber AV

Address

X San Diego Ca. 92114

City Zip Code

X 262-9269

Telephone

Signature of recorded holder of deed

Co-Purchaser

Pam

Invoice # _____

Work Order # E 18306

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18306

GRAVE BLIND CHECK FORM

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

			Free			
		Washburn	X		Jones	
		Burrows	Miller	Carr	Miller	

Blind Check Initiated By: Pen Date: 2/11

Interment space for: Isidoro Rodriguez

Interment Date: Sat 2/14 Time: 9:30

Div: 2 Sect: 5 Blk/Row: ____ Lot: 72 Gr: 5

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: Feb. 11.04

Pre need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-18306

Date Jan. 13 04

227381 227382

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rodolfo Rodriguez & Mirna Rodriguez

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 72 Grave 5+6 Row _____ Section 5 Division/Block 2

Grave space & Care Fund	1755 x 2 3510.-
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	~~3510~~
Paid receipt number VLSA	878 -
Balance due	2632.-

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

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

_____
Signature of recorded holder of deed

X [signature] R.
Signature

X 1864 Hauber Av
Address

X San Diego Ca. 92114
City Zip Code

X 262-9269
Telephone

Pam

Invoice # _____

Work Order # E 18253

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

57200

MOUNT HOPE CEMETERY E-18306

(619) 527-3400

Date: Feb 11, 20 04

From: R Rodriguez Address: 1804 Klauber ave 30 92114

Dollars ($ 3265.00)

in full Payment of Interment of Isidoro Rodriguez

Lot 72 Grave 5 Row Section 5 Division Block 20

Invoice No. E18306

Acct. No.

W.O.

BALANCE DUE 0

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

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

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

ISSUED BY Pam Hazel

CREDIT	67007	351	—
20% Sales Care	77184	520	—
80% Sales	100	413	—
of Lots	77184	419	00
Opening/	100	32	—
Closing	77181	710	—
Burial	100	463	—
Containers	77182	32	40
	100	3265	00
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$		

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E-18306

91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ISIDORO	-	RODRIGUEZ	04/04/1912	02/09/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RODOLFO RODRIGUEZ - SON 1804 KLAUBER AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	▶ [signature]	02/11/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/13/2004 J. FLORES	2403203 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2-14-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Med

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-11-04PC1:41 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eduardo Ayala 227487

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs 2/12 12:30

Church, Chapel, Graveside ; Guadalupana Mortuary.

All Funeral cars must arrive before ~~6:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 136 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	284 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	21.31
Total Due	1948.31
Paid receipt number 57205	1948.31
Balance due	0

PAID

FEB 11 2004

MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

Pam

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 18307

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18307

GRAVE BLIND CHECK FORM

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

			[illegible]	Wise [illegible]	Henry	
[illegible]	Henry		X	Cottingham		
	[illegible]	Hicks	[illegible]	Moody [illegible]	Roberts	

Blind Check Initiated By: Pam Date: 2/11

Interment space for: Eduardo Pineda

Interment Date: Thurs 2/12 Time: 12:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 136 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: [signature] Date: 2/12/14

E 18307

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDUARDO	-	PINEDA-BANUET	07/05/1882	02/09/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TIJUANA	MEXICO	MARIA BANUET-MOTHER 1415 OXFORD ST. CHULA VISTA,CA.,91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA.92102	FD-1[illegible]	Aurora Chavez	02/12/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	AURORA CHAVEZ 02/12/2004	2403108

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST. SAN DIEGO,CA.92102	11B. DATE BURIED 2-12-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-12-04A11:25 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mele Sialo'i 227515

in a TS Vault (Type of Burial Container) Funeral, date, time Fri 2/20 10:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

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

Grave space & Care Fund	985 -
Additional spaces and care fund X-Dup	
Opening/Closing & Setup	413 -
Burial Container	275 -
Handling Fees	204 -
Flower vases – Marker setting fee	
Recording and filing fee	50 -
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R57208	1948.31
Balance due	0

PAID

FEB 12 2004

MOUNT HOPE CEMETERY

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

Pasa Malietufa

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

_____
Signature of recorded holder of deed

X Pasa Malietufa
Signature

X 404 47TH ST. #47
Address

X SAN DIEGO CA 92102
City Zip Code

X 619-263-0725
Telephone

Invoice # _____

Work Order # E 18308

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18308

GRAVE BLIND CHECK FORM

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

		McFarland				
	Downie	Kegler	x	Wells	Wells	
		Bell		tree		

Blind Check Initiated By: Pam Date: 2/12

Interment space for: MERLE Sialo'i

Interment Date: Feb 20 Fri Time: ___ ___

Div: 12 Sect: 2 Blk/Row: ___ Lot: 94 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: DARREYL Date: 2-18-04

1 2 3 4 5 6
7 8 9 10 11 12

E-18 308

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mele	Ana	Sialo'i	08/12/1941	02/08/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sialo'i F. Sialo'i, Husband 404 47th Street #7 San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blanc Anderson	02/18/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	02/17/2004 B. Campbell	2403293 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 2-20-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Kamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

At need

02-12-04 11:54 RCVD

City of San Diego

Date 2/12/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Case @ 207135

In a Ash Vault (Type of Burial Container) Funeral, date, time Wed 2/18 11:00

Church, Chapel, Graveside : family Mortuary.

All Funeral cars must arrive before ~~3:00~~ 300 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 9 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	E 2896 / 0
Additional spaces and care fund	
Opening/Closing & Setup	116
Burial Container Ash Vault	6
Handling Fees	66
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	4.73
Total Due	297.73
Paid receipt number MC	297.73
Balance due	0

PAID

FEB 12 2004

MOUNT HOPE CEMETERY

02-12-04

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

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

_____
Signature of recorded holder of deed

Betty Case
Signature
2000 Crotton St #27
Address
Spring Valley, Ca. 91977
City Zip Code
619-698-9712
Telephone

Nancy

Work Order # E 18309

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

W/ William

MT HOPE CEMETERY E 18309

GRAVE BLIND CHECK FORM

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

		Stroud				
	Boone		X		Payton	
	Thomas			Stroud	Murphy	

Blind Check Initiated By: Pam Date: 2/13

Interment space for: John Case ⊗

Interment Date: Wed 2/18 Time: 1:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 9 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag in grave

Blind Check & Verified By: [illegible] Date: 2-7-04

85257 E 18309 AAP 097

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	RAY	CASE	11/16/1914	02/10/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BETTY CASE - SPOUSE 2000 CROFTON ST. SPC 27 SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SIMPLE TRIBUTE 7851 MISSION CTR. CT. #104 SAN DIEGO, CA 92108	FD-1272	▶ [signature]	02/11/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/11/2004	2403058 J. FLORES ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2-18-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO, CA 92113	12B. DATE CREMATED 2/13/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

RECEIVED FEB 19 2004

At Mid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-12-04P12:03 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arne Johnson Jr. 227496

in a liner Funeral, date, time Thi 2/13 1:00

Type of Burial Container

Church, Chapel, Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 49 Grave 5 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number MC	1833.20
Balance due	0

PAID

FEB 12 2004

MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

Pam

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attached

Invoice # _____

Work Order # E 18310

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

At Mid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-12-04P12:03 RCVD Date

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

in a liner Funeral, date, time Fri 2/13 1:00

Church/Chapel/Graveside : Ragsdale Mortuary.

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

Lot 49 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number MC	1833.20
Balance due	0

PAID

FEB 12 2004

MOUNT HOPE CEMETERY

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

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

Signature of recorded holder of deed

Beverly Wangler

X [signature]
Signature

X 3190 B Street
Address

X San Diego CA 92102
City Zip Code

X 619-236-8313
Telephone

Invoice # _____

Work Order # E 18310

Acct. # _____

REA-104 (7-85)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18310

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Pan Date: 2/12

Interment space for: Arne Johnson

Interment Date: Fri 2/13 Time: 1:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 49 Gr: 5

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-18310

5C

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Arne	Norman	Johnson, Jr.	09/21/1947	FD01/27/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Beverly Wangler, Niece 3170 B Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102	FD-1329	▶ [signature]	02/07/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	02/10/2004 B. Campbell	2402937 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 2-13-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb 12, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Norwood 220954

In a ~~Pliner~~ TSV Funeral, date, time Fri 2/13 1:00

Type of Burial Container

~~Church, Chapel, Gravesid~~ del only : Rugsdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 11 Grave 8 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	E 4994 ~~985~~
Additional spaces and care fund	
Opening/Closing & Setup	413 –
Burial Container	275 –
Handling Fees	204 –
Flower vases – Marker s	
Recording and filing fee	50 –
Sales taxes	21.31
Total Due	963.31 ~~848.00~~
Paid receipt number R57213	963.31
Balance due	~~0~~

PAID

FEB 17 2004

MOUNT HOPE CEMETERY

Skipper to pay

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

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

226719 X Eula

Signature

X

Address

X

City Zip Code

X

Telephone

see attached

_____

Signature of recorded holder of deed

Invoice # _____

Work Order # E 18311

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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02/12/2004 15:38 SD MT. HOPE CEMENTERY → RAGSDALE

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb 12, 04

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

in a liner (Type of Burial Container) Funeral, date, time Fri 2/13 1:00

~~Church, Chapel, Graveside~~ Jel only ; Ragsdale Mortuary.

All Funeral care must arrive before ~~2:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 11 Grave 8 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	985 –
Additional spaces and care fund	
Opening/Closing & Setup	413 –
Burial Container	275 –
Handling Fees	204 –
Flower vases – Marker setting fee	
Recording and filing fee	50 –
Sales taxes	21.31
Total Due	963.31 ~~[illegible]~~

Skipper to pay

Paid receipt number _____

Balance due _____

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

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

Signature of Indicated Owner of Deed

X James Norwood
Signature

X 2657 Nye Street
Address

X San Diego, CA 92111
City Zip Code

X (858) 277-3399
Telephone

Invoice # _____

Work Order # E 18311

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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100 pm

MT HOPE CEMETERY E-18311

GRAVE BLIND CHECK FORM

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

		Street				
		Petties	X		Love	
		McDade			Koziak	

Blind Check Initiated By: Pam Date: 2/12

Interment space for: James Norwood

Interment Date: Fri 2/13 Time: 1:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 11 Gr: 8

Grave Laid out by: Norman Terry

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

Agrees with Map: ☑ Yes ☐ No

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

E- 18311

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
James	William	Norwood	09/03/1922	02/05/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Eula M. Norwood, Wife 2657 Nye Street San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	02/07/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	02/12/2004 B. Campbell	240311 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 2-13-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-12-04P03:13 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donna L. Breed 227488

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 281 Grave 2 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	985 –
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	985 –
Paid receipt number R57209	246 –
Balance due	739. –

Pd in full 12-5-05 R-59462

PAID

DEC 05 2005

PAID

MOUNT HOPE CEMETERY

DEC 05 2005

MOUNT HOPE CEMETERY 2500

Bal 0

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

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

_____
Signature of recorded holder of deed

Pam

x Donna L Breed
Signature

x 14252 2nd Ave Sp 337
Address

x Chula Vista Ca 91911
City Zip Code

x 619-4207818
Telephone

Invoice # _____

Work Order # E 18312

Acct. # _____

REA-104 (7-96)

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Contract Expires Feb. 2006

E-18312

BREED, DONNA L. 1425 2nd ave sp 337 Chula Vista 91911 (619)420-7818

			DEBIT	CREDIT	BALANCE
02-12-2004	Opened pre-need lot w/ 25% down R-57209		985.00	246.00	739.00
	12,2,,281,2				
3-5 04	R57285	coupon 1		31 —	708 00
4-2-04	R-573 91	" 2		31 —	677 —
5-4-04	57511	3		31 00	646 —
6-18 04	57675	4		31 00	615 —
7-2-04	R-57759	5		31 00	584 —
8-3 04	57860	6		31 —	553 —
9-8 04	57980	7		31 00	522 —
10/5/04	58091	8		31 00	491 00
11-2-04	58179	9		31 00	460 00
12-6-04	58291	10	remaining	31 00	429 00
1-4-05	58380	11	to 20%	31 00	398 00
2-5-05	58477	12		31 00	367 00
3-8-05	58600	13		31 00	336 00
4-4-05	58703	14		31 00	305 00
5-5-05	58799	15		31 —	274 —
6-3-05	58904	16		31 —	243 —
7-7-05	59032	17		31 —	212 —
8-4-05	59139	18		31 —	181 —

over—

	DIV 12 SEC 2 LOT 28/6r 2	DEBIT	CREDIT	BAL.
9/6/05	Balance Forwarded			181 —
"	R-59133 Coupon 19		31 —	150 —
10-08-05	R-59262 " 20		31	119 —
11-07-05	R-59380 " 21+22		62 —	57 —
12-5-05	R-59462 23+24		57 —	~~0~~

PAID
DEC 05 2005
MOUNT HO
paid in full

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

57386

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 2, 20 04

From: Bettie J. Shrower Address: on record

Eighty - Four Dollars ($ 84.00)

in Part Payment of Pre-need lot.

Lot 281 Grave 2 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. E-18312

Acct. No. ____

W.O. ____

BALANCE DUE $ 624.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1211

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

PAID

APR 0 1 2004

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	84.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	84.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

R-59380

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: November 10, 20 05

From: Donna L. Breed Address: on record

Sixty-Two and 00 Dollars ($ 62 —)

in Part Payment of Pre-need lot.

Lot 281 Grave 2 Row Section 2 Division Block 12

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE $57 —

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

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

2364

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

PAID

NOV 07 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette A.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	62 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62 —

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58380

Date: Jan. 4, 2005

From: Donna Breed Address: 1425 2nd ave. C.V. CA. 91911

thirty one 00/100 Dollars ($ 31 -)

in part Payment of pre-needlot

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE 398 00

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X 2092

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

JAN - 4 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	-
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	-

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57285

Date: March 5, 20 04

From: Donna Bred Address: 1424 2nd ave # 337 CV 92111

Dollars ($ 31.—)

in part Payment of pre need

Lot 281 Grave 2 Row Section 2 Division Block 12

Invoice No. E18312

Acct. No.

W.O.

BALANCE DUE 708.00

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

1814

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

PAID

MAR 05 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57391

Date: April 2, 20 04

From: Donna L. Breed Address: On Record

Thirty-One and 00 Dollars ($ 31.00)

in Part Payment of Pre-need Lot

Lot _____ Grave _____ Row _____ Section _____ Division ~~Block~~ _____

Invoice No. E-18312

Acct. No. _____

W.O. _____

BALANCE DUE $ 677.—

Pre-Need Lot X At Need ___ On Acct ___

Pre-need Trust ___ Cash ___ Check X 1839

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

PAID

APR 01 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31.—
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57511

Date: May 4, 20 04

From: Donna Breed Address: 1425 2nd ave #337 CV 91911

Dollars ($ 31.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E18312

Acct. No.

W.O.

BALANCE DUE 6046.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

1859

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

MAY 04 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hood

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57675

Date: June 18, 20 04

From: Donna Bud Address: 1425 2nd ave #337 CV 91911

Dollars ($ 31.00)

in part Payment of one - mud

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE 415.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 1889

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

JUN 18 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hobel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	*77193*		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57759

Date: 7-7, 20 04

From: Donna Breed Address: on record

Thirty-One and 00 Dollars ($ 31.00)

in part Payment of pre-need lot account

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE $584.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1908

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON THIS FACE.

PAID

JUL 0 6 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31.00

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57860

Date: Aug 3, 20 04

From: Donna Bruel Address: 1425 2nd ave 80337 CV 91911

Dollars ($ 31.—)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row ____ Lot 281 Grave 2

Invoice No. E18312

Acct. No. ____

W.O. ____

BALANCE DUE 553.—

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 1936

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

PAID

AUG 0 3 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77165		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57980

Date: Sept 7, 20 04

From: Donna Bird Address: 1425 2nd ave #337 CV 91911

Dollars ($ 81.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E18312

Acct. No.

W.O.

BALANCE DUE 522.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 1970

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

PAID

SEP 07 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58091

Date: October 5, 20 04

From: Donna Breed Address: on record

Thirty-One and 00 Dollars ($ 31.00)

in part Payment of Pre-need Lot.

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE $ 491.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1914

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

PAID

OCT 05 2004

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31.00

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58179

Date: 11-2, 2004

From: Donna L. Breed Address: 1425 - 2nd ave. Ap.# 337 C.V. 91911

thirty-one 00/100 Dollars ($ 31.00)

in part Payment of pre-need lot

Div 12 Sec 2 Blk/Row ____ Lot 281 Grave 2

Invoice No. E-18312

Acct. No. ____

W.O. ____

BALANCE DUE 460.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

2020

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

PAID

NOV 02 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58291

Date: December 6, 2004

From: Donna L. Breed Address: On record

Thirty-One and 00 Dollars ($ 31.00)

in part Payment of Pre-need trust acct.

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE $ 429.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 2053

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

PAID

DEC - 6 2004

MOUNT HOPE CEMETERY

ISSUED BY D. Crawford

CREDIT	67007	31.00
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58477

Date: 2/5, 2005

From: Donna Breed Address: on record

Thirty One and 00 Dollars ($ 31.00)

in Part Payment of Pre-need Tet Coupon #12

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE $ 367.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

2115

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

PAID

FEB 04 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	31	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58703

Date: 4-5, 20 05

From: Donna Breed Address: on record

Thirty-One Dollars ($ 31-)

in Part 1 Payment of Pre-need lot

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE $ 305.-

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2160

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

PAID

APR 04 2005

MOUNT HOPE CEMETERY

ISSUED BY PCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58600

Date: March 8, 20 05

From: Donna L. Bued Address: on record

Thirty-One Dollars ($ 31.00)

in part Payment of Pre-need Lot

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE $ 336.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2437

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

PAID

MAR - 8 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58799

Date: 5/5 , 2005

From: D. Breed Address: on record

Thirty-One Dollars ($ 31—)

in part Payment of Pre-need lot

Div 12 Sec 2 Blk/Row ____ Lot 281 Grave 2

Invoice No. E-18312

Acct. No. ____

W.O. ____

BALANCE DUE $ 274.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

2188

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

MAY 0 2 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	—

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58904

Date: 6/6/05 , 20 ____

From: Donna L. Breed Address: on record

Thirty-One Dollars ($ 31.—)

in Part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row ____ Lot 281 Grave 2

Invoice No. E-18312

Acct. No. ____

W.O. ____

BALANCE DUE $ 243.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

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

PAID

JUN - 3 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31.—
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31.—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59032

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7-7, 2005

From: Donna Breed Address: on record

Thirty-One Dollars ($ 31.—)

in part Payment of Pre-need Lot

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-19312

Acct. No.

W.O.

BALANCE DUE $212.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 2241

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

PAID

JUL 07 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31—
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59439

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8-4 , 20 05

From: D. Breed Address: on record

Thirty-One and Dollars ($ 31.-)

in part Payment of Pre-need lot acct.

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE $ 181.-

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

Pre-need Trust [ ] Cash [ ] Check [X] 2268

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

PAID

AUG 04 2005

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

CREDIT	67007		
20% Sales Care	77184	15.	0
80% Sales	100	16	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31.	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59133

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9-2, 20 05

From: Donna Breed Address: on record

Thirty one ~~Fifty~~ and 00 Dollars ($ ~~50~~ 31—)

in part Payment of Pre-need lot account

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-8312

Acct. No.

W.O.

BALANCE DUE $

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

2306

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

SEP 02 2005

MOUNT HOPE CEMETERY

ISSUED BY pawford

CREDIT	67007	
20% Sales Care	77184	31—
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31—

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59262

Date: Oct 3, 20 05

From: Donna Breed Address: on record

Thirty-One Dollars ($ 31 —)

in part Payment of pre-need lot.

Div 12 Sec 2 Blk/Row Lot 281 Grave 2

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE $ 119. —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 2330

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

PAID

OCT / 3 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	31 —
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	3
Sales Tax	60101	
	78390	
TOTAL PAID	$	31 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

R- 59462

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: December 5, 20 05

From Donna L. Breed Address: on record

Fifty-Seven and 00 Dollars ($ 57.-)

in Part Payment of Pre-need Lot.

Lot 281 Grave 2 Row Section 2 Division ~~Block~~ 12

Invoice No. E-18312

Acct. No.

W.O.

BALANCE DUE $0

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

Pre-need Trust | | Cash | | Check X 2393

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

PAID

DEC 05 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	57.-
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57.-

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-13-04A09:56 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emma Sweet 223629

In a Pt ~~Liner~~ TS Vault Funeral, date, time Wed 2/18 11:00

Type of Burial Container

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

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

Lot 96 Grave 5 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	985 –
Additional spaces and care fund	
Opening/Closing & Setup	413 –
Burial Container	275 –
Handling Fees	204 –
Flower vases – Marker setting fee	
Recording and filing fee	50 –
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R57212	148.00
R-57221 Balance due	1800.00
	1800.00

PAID

FEB 18 2004

MOUNT HOPE CEMETERY

Unmortuary 2 pay

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

Bal.

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

_____

Signature of recorded holder of deed

Dan

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Invoice # _____

Work Order # E 18313

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

At Rest
Wed. 11:00
service

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-13-04A09:56 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emma Sweet in a liner (Type of Burial Container) Funeral, date, time Wed 2/18 11:00 Church, Chapel, Graveside CA Burial Mortuary.

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

Lot 96 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	985-
Additional spaces and care fund	
Opening/Closing & Setup	413-
Burial Container	275-
Handling Fees	204-
Flower vases – Marker setting fee	
Recording and filing fee	50-
Sales taxes	21.31
Total Due	1948.31
Paid receipt number	
Balance due	

Unmatured 2 pay

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

Raymond Sweet

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

Raymond Sweet
Signature of recorded owner of deed

Pam

X Raymond Sweet
Signature

X 4384 W. Point Loma Blvd.
Address

X San Diego CA 92107
City Zip Code

X (619) 225-0863
Telephone

Work Order # E 18313

Invoice # _____

Acct. # _____

REA-104 (7-99) *This information is available in alternative formats upon request.*

Family to pay Mt. Hope
$ 148.00
Mort. only allowed $ 1,800.00 toward Burial.

MT HOPE CEMETERY E-18313

GRAVE BLIND CHECK FORM

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

	tree		x	Robinette	Tron Coso	
		Andersen	Andersen		Bernard	

Blind Check Initiated By: Pam Date: 2/13

Interment space for: Emma Sweet

Interment Date: Wed 2/18 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 96 Gr: 5

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARLEY1 Date: 2-17-04

E-18313

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EMMA	LEE	SWEET	07/12/1925	02/10/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RAYMOND KELLY SWEET-SON 4384 W. PT. LOMA BLVD. #F SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ Jeanette Bernard	02/13/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/13/2004 J. BENYARD	▶ 2403254

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2-18-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At pmd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-13-04 A 8:07 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Brown 227504

In a DD 2nd (Type of Burial Container) Funeral, date, time Tue 2/17 1:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

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

Lot 4998 Grave 1 Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	E 9435 ~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	~~0~~
Handling Fees	~~0~~
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	~~0~~
Total Due	463.
Paid receipt number R-57222	463.00
Balance due	~~0~~

PAID
FEB 18 2004
MOUNT HOPE CEMETERY

mortuary 2 pay

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

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

Signature of recorded holder of deed

Pam

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

all attached

Invoice # _____

Work Order # E 18314

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

At Mud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-13-04 Date: 07 RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Brown in a DD 2104 (Type of funeral container) Funeral, date, time Tues 2/17 1:00 Church, Chapel, Graveside ; Ragsdale Mortuary.

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

Lot 4998 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	E 9435 ~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	~~0~~
Handling Fees	~~0~~
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	~~0~~
Total Due	463.
Paid receipt number	
Balance due	

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

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

Signature of registered owner of deed

Pam

Signature

X 6393 Kimmy Court

Address

X San Diego, CA 92114

Zip Code

X (619) 263-5745

Telephone

Invoice # _____

Work Order # E 18314

Acct. # _____

This information is available in alternative formats upon request.

W/ Fanni

MT HOPE CEMETERY E- 18314

GRAVE BLIND CHECK FORM

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

			King			
	Brown	Booker	x	Long		
		PP24	PP21	hqwy		

Blind Check Initiated By: Pam Date: 2/13

Interment space for: Robert Brown

Interment Date: Tues 2/17 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4998 Gr: 1

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Robt Brown Date: 2/17/09

E-18314

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Robert	Louis	Brown	07/19/1925	02/11/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Carita Turman, Daughter 6393 Kimmy Court San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary, 6050 Federal Blvd San Diego, CA 92102	FD-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Blair Campbell	02/13/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	B. Campbell	▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 2-17-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Lud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-13-04 P12:05 Date IN

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daisy M. Walker 227512

in a TS Vault Funeral, date, time Thurs 2/19 11:00

Type of Burial Container

Church, Chapel, Graveside Friendly church ; Oceanside Mortuary.

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

will be applied and billed to undersigned. _____

Lot 148 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	—
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	204 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	21.31
Total Due	1948.31
Paid receipt number MC	1948.31
Balance due	0

PAID

FEB 13 2004

MOUNT HOPE CEMETERY

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

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

Signature of recorded holder of deed

Pam

Deannette G. McKissack
Signature

12623 St. John Ave
Address

Cleveland, Ohio 44111
City Zip Code

(216) 251-2875
Telephone

760) 726 0406

Invoice # _____

Work Order # E 18315

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18315

GRAVE BLIND CHECK FORM

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

	Brattell			Levingston		
		Robinson	X			
					Moss	

Blind Check Initiated By: Dan Date: 2/13

Interment space for: Daisy Walker

Interment Date: Wed 2/19 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 148 Gr: 9

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-18315 118

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Daisy	Marie	Walker	05/24/1935	02/02/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF.: ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Oceanside	San Diego	Jeannie T. McKissak - Sister 12623 St. John Ave Cleveland, OH 44111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
Oceanside Mortuary 602 S. Coast Hwy., Oceanside, CA 92054	FD-253	▶	02/17/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	A. Calindo 02/17/2004	▶ 2403310

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery, 3751 Market St San Diego, CA 92102	11B. DATE BURIED 2-1904	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-13-04 P01:38 IN Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eric Cannon Jr. 227518

in a liner (Type of Burial Container) Funeral, date, time Fri 2/20 11:00

Church, Chapel, Graveside ; CA Burial Mortuary.

All Funeral cars must arrive before [redacted] p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 56 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833 20
Paid receipt number Visa	1833.20
Balance due	0

PAID

FEB 13 2004

MOUNT HOPE CEMETERY

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

Marva Cannon

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

Signature of recorded holder of deed

Pam

x Marva Elda Cannon
Signature

x 4447 E 130 ST
Address

x Los Angeles 90061
City Zip Code

x 310 538 8423
Telephone

Invoice # _____

Work Order # E 18316

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 18316

GRAVE BLIND CHECK FORM

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

		Maxwell		oon		
		Dudley	x		Williams	
		Ozilie				

Blind Check Initiated By: Pam Date: 2/19

Interment space for: Eric Cannon

Interment Date: Fri 2/20 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 56 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Plug in grave

Blind Check & Verified By: [illegible] Date: 2-19-04

E-18316

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ERIC	WESLEY	CANNON, JR.	10/25/1980	02/12/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ERIC W. CANNON, SR-FATHER 444 EAST 130TH ST. LOS ANGELES, CA 90061

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD.,SANDIEGO, CA 92115	FD-1357	[signature]	02/19/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/19/2004 J.BENYARD	2403549

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2-20-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre need Just

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-17-04P01:24 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 208194

of Gilbert Gray

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 2908 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	116
Burial Container	61
Handling Fees	66
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	4.73
Total Due	297.73
Paid receipt number Visa	297.73
Balance due	0

PAID

FEB 17 2004

MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

Pam

x [signature]
Signature

x 6530 Attaid ct
Address

x
City Zip Code

x
Telephone

Invoice # _____

Work Order # E 18317

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-17-04P01:56 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Saulter 227510

in a liner (Type of Burial Container) Funeral, date, time Wed 2/18 1:00

Church, Chapel, Graveside _____ ; Rogsdale Mortuary.

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

Lot 39 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R 57218	1833.20
Balance due	0

PAID

FEB 17 2004

MOUNT HOPE CEMETERY

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

Antoinette Diaz

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

Signature of accepted holder of deed

Antoinette Diaz

Signature

4679 Hawley Blvd.

Address

San Diego 92116

City Zip Code

619-281-0803

Telephone

Jessie 262 4747

Invoice # _____

Work Order # E 18318

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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GENERAL DISCHARGE E 18318

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMP. & TERM OF ENL.
SAULTER CHARLES E JR	RA 19 108 012	PVT	TC	RA 3 YRS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
388 TC TRUCK CO	14 APR 48	C. KILMER N J

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
527 S ARDEN ST LOS ANGELES CALIF	7 OCT 23	PITTSBURG KAN

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO DEPEND
SEE 9	BLU	BLK	5'10"	175 LBS.	0

18. RACE: WHITE	NEGRO	OTHER (specify)	19. MARITAL STATUS: SINGLE	MARRIED	OTHER (specify)	20. U. S. CITIZEN: YES	NO	21. CIVILIAN OCCUPATION AND NO.
	X		X			X		DUMP TRUCK DRIVER 7-36220

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
	28 OCT 45	28 OCT 45	LECHORN ITALY

SELECTIVE SERVICE DATA	26. REGISTERED: YES	NO	27. LOCAL B. & BOARD NO	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
					SEE 9

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITARY QUALIFICATION AND DATE (i. e., infantry, aviation and marksmanship badges, etc.)
TRUCK DRIVER LIGHT 345	M-1 RIFLE EXM JUN 45

32. BATTLES AND CAMPAIGNS

NONE

33. DECORATIONS AND CITATIONS

WORLD WAR II VICTORY MEDAL

34. WOUNDS RECEIVED IN ACTION

NONE

35. LATEST IMMUNIZATION DATES

SMALLPOX	TYPHOID	TETANUS	OTHER (specify)
JAN 45	J N 45 JUN 47	DEC 44 JUN 47	NONE

36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN

DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
ENLISTED	O/S	28 OCT 45
3 DEC 45	USA	21 DEC 45
6 JUN 46	NTO	17 JUN 46
3 MAR 48	USA	16 MAR 48

37. TOTAL LENGTH OF SERVICE

CONTINENTAL SERVICE: YEARS	MONTHS	DAYS	FOREIGN SERVICE: YEARS	MONTHS	DAYS
0	6	12	1	11	3

38. HIGHEST GRADE HELD: PFC

39. PRIOR SERVICE

AUS 3-0-14

40. REASON AND AUTHORITY FOR SEPARATION

AR 615-369 Y

41. SERVICE SCHOOLS ATTENDED

NONE

42. EDUCATION (Years): Grammar 8; High School –; College 0

PAY DATA

43. LONGEVITY FOR PAY PURPOSES: YEARS	MONTHS	DAYS	44. MUSTERING OUT PAY: TOTAL	THIS PAYMENT	45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
5	5	29	$ NONE	$ NONE	NONE	$ 75.90	$ 353.14 A S KINSMAN LT COL FD

INSURANCE NOTICE

IMPORTANT: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE: Nat. Serv.	U. S. Govt.	None	49. HOW PAID: Allotment	Direct to V. A.	50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO: Continue	Continue Only	Discontinue
X			X		31 MAR 48	30 APR 48	$ 6.50	X	$	

54. RIGHT THUMB PRINT

55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)

LAPEL BUTTON IS WORN
2 DAYS LOST UNDER AW 107
BLOOD GROUP O

56. SIGNATURE OF PERSON BEING SEPARATED: Charles E. Saulter Jr.

57. PERSONNEL OFFICER (Type name, grade and organization—signature): P. J. McCARTHY CAPT INF

WD AGO FORM 53-55

MT HOPE CEMETERY E-18318

GRAVE BLIND CHECK FORM

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

				Kirkpatrick		
	Symhorst		X		Richards	
				Sturtevant		

Blind Check Initiated By: Pam Date: 2/17

Interment space for: Charles Saulter

Interment Date: Wed 2/18 Time: 1:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 39 Gr: 3

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 2-18-04

E-18318

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Charles	Eddie	Saulter, Jr.	10/07/1923	02/12/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Josephine Saulter, Wife 282 47th Street #B San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Blair Campbell	02/17/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	02/17/2004 B. Campbell	2403370 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 2-18-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Karen F. Kamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot

Date 2-17-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Janet + Ofelia (mother)

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 128 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	985 00
Additional spaces and care fund	
Opening/Closing & Setup — sent to collections 10/4/04	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	

PAID

FEB 17 2004

MOUNT HOPE CEMETERY

Total Due 985 00

Paid receipt number Paid by Visa 246.00

Balance due 739.00

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.

Janet SKARUPINSKI

I hereby authorize the interment in lot I hold under deed. 227495

Signature of recorded holder of deed

Signature

8301 Azure Shores Ct.

Address

LAS VEGAS NV 89117

City Zip Code

Telephone

Paulette

Work Order # E 18319

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

THE CITY OF SAN DIEGO E-18319

August 25, 2004

Ms. Janet Skarupinski
8201 Azure Shores Ct.
Las Vegas, NV 89117

Reference: Customer Contract

Dear Ms. Skarupinski,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was April 16, 2004 leaving a balance of $708.00. 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-18319, date issued February 17, 2004 cemetery location Division 11, Section 2, Lot 128, Grave 2.

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

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E-18319

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 17th day of February, 2004, between Janet Vanta Skarupinski, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 128, Grave 2, Row —, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $985.00, payable as follows: $246.00 cash herewith, the receipt of which is hereby acknowledged; $31.00 on the 10th day of APRIL, 2004; and the balance in installments of $30.79 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E-18319

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

E-18319

WITNESS our hands this day and year above written.

Deed to be issued to:

23 payments of 31.00
1 payment of 30.79

Name

Address

PURCHASER

JANET SKARUPINSKI
Print Name

Signature

8201 AZURE SHORES CT
Street Address (Mail)

LAS VEGAS NV 89117
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Paulette Crawford

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

E-18319

SKARUPINSKI, JANET 8201 AZURE SHORES CT., LAS VEGAS NV 89117

		DEBIT	CREDIT	BALANCE
2/17/04	Opened pre-need lot account with 25% down on location at Div 11 Sec 2 Lot 128 Grave 2 Paid by visa card.	985.00		985.00
			246.00	739.00
4-16 04	no coupon mc		31 00	708.00
8-25 04	mailed delinquent notice			
10-4 04	sent to collections			

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

02-19-04P01:40 PA Date 2-18-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HOSEA HALL 227521

in a Liner # ~~6~~ 7 Funeral, date, time Mon. Feb. 23 1:00
Type of Burial Container

Church, Chapel, Graveside PC ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 137 Grave 10 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	985.00
Additional spaces and care fund	
Opening/Closing & Setup	413.00
Burial Container oversize [illegible] L84½ W33½	242.00
Handling Fees PC. 0 23	160.00
Flower vases – Marker setting fee	
Recording and filing fee	50.00
Sales taxes	18.76
Total Due	1868.76

PAID
FEB 19 2004
MOUNT HOPE CEMETERY

NAVY COVS uniformed SRVS: A4 INV 1

Visa (Card) R-57227, R-57228, R-57729 1868.76

Paid receipt number

Balance due Ø

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

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

Signature of recorded holder of deed

Kelley Hall Grant
Signature

1934 E Hardwick St.
Address

Long Beach 90807
City Zip Code

(619) 577-1172
Telephone

LATE ARRIVAL
02-23-04 P03:31 IN

Paulette

Invoice # _____

Work Order # E 18320

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 18320

GRAVE BLIND CHECK FORM

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

			Hoks	Ates	Grimes	
			X			Leakes
			Foster			

Blind Check Initiated By: Paulette Date: 2/18/04

Interment space for: Hosea Hall

Interment Date: 2-23-04 Time: 1:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 137 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on Grave

Blind Check & Verified By: DARREN Date: 2-19-04

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

E-18320

STATEMENT

TELEPHONE: [redacted]
619)527-3400

DATE	YOUR ORDER NO.
02-25-2004	E-18320

TO: Kelley Hall-Davis
1934 E. Hardwick ST
Long Beach CA 90807

DESCRIPTION OF CHARGE	AMOUNT
Late arrival fee for Hosea Hall service on Monday February 23, 2004.	$165.00

#80 pd 4/16/04 R 41604A

E-18320

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Hosea	Lucian	Hall	12/10/1946	FD 02/16/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Kimberley Hall, Daughter 7257 Jamacha Road San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blair Campbell	02/23/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	02/23/2004 B. Campbell	2403716 ▶

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 SanDiego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 2-23-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Ray Sheeler	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/20/04

227675

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 02-00165 PA#20031116 4/6/04

in a D.D. Crypt (Type of Burial Container) ~~Tues 3/30~~ Funeral, date, time ~~Mon. 3/29~~ 10:15

Church, Chapel, Graveside del only ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Lot 18 Grave 1 Row A Section _____ Division/Block 13

Grave space & Care Fund	131.00
Additional space and care fund	—
Opening/Closing & Setup	439.00
Burial Container	128.00
Handling Fees	—
Flower cases – Marker setting fee	—
Recording and filing fee	47.00
Sales taxes	9.92
Total Due	754.92
Paid receipt number Paid	754.92
Balance due	Ø

PAID MAY 11 2004 MOUNT HOPE CEMETERY

County billed 4/8/04

PAID MAY 11 2004 MOUNT HOPE CEMETERY

P.A. John Edwards

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

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

_____ Signature of recorded holder of deed

_____ Signature

_____ Address

_____ City Zip Code

_____ Telephone

Invoice # 397146

Work Order # E 18321

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-18321.

County Of San Diego
PUBLIC ADMINISTRATOR'S OFFICE

Memo To: Medical Examiner
694-2254
From: Public Administrator

Date: 2-20-04 ~~2-25-02~~

Re: Body Release

Name of Decedent: John Doe MEI 02-0145

1. Release decedent's body to the following mortuary or cremation service:

Name of Firm: RAGSDALE

2. Bill Transportation and Pouch Fees to the following (check one only):

X No One – Declared Indigent

___ Public Administrator

___ Assigned Mortuary or Cremation Service

___ Following Person:

Name: _____

Address: _____

_____

Telephone No.: _____

(signature)

John L Edwards
(printed name), P.A. Deputy

4/2/99

E-18321

San Diego County
Medical Examiner

INVESTIGATIVE REPORT

CALL INFO

NAME OF DECEASED (LAST, FIRST MIDDLE)	AKA	CASE NUMBER
Doe, John		02-00165

INVESTIGATOR	REPORTED BY	REPORTING AGENCY
Angela C. Riley	Lisa Jenkins	SDSO

CALL DATE AND TIME	ARRIVAL DATE AND TIME	RETURN DATE AND TIME
01/22/2002 1546	01/22/2002 1652	01/22/2002 2300

DECEDENT

DATE AND TIME OF DEATH	DATE OF BIRTH	AGE	GENDER	RACE
01/22/2002 1446		50 Years	Male	White

RESIDENCE (STREET, CITY, STATE, ZIP)	COUNTY	TELEPHONE NO.

SOCIAL SECURITY NO.	CITIZENSHIP	OCCUPATION
	USA	

DEATH

LOCATION OF DEATH: Fnd, Open Area (In tent)

ADDRESS (STREET, CITY, STATE, ZIP)	COUNTY
South of 1715 Hacienda Drive Vista, CA 92083	San Diego

☒ FOUND BY ☒ PRONOUNCED BY AGENCY

INCIDENT

LOCATION OF INCIDENT — AT RESIDENCE ☐

ADDRESS (STREET, CITY, STATE, ZIP) — COUNTY: San Diego

DATE AND TIME OF INCIDENT	INVESTIGATING AGENCY	OFFICER	BADGE #	REPORT
	San Diego Sheriff	Lisa Jenkins (#2251)		Inc #1979515

CIRCUMSTANCES OF DEATH — AT WORK ☐

The decedent is an unidentified Caucasian male who appears to be a transient approximately 40-50 years of age. On 01-22-2002 he was discovered by a gentleman fishing in the nearby creek who noted a foul odor emanating from a tent in a transient encampment in Vista. After investigating further, the decedent was located decomposing within the tent with evidence suggesting a history of chronic alcoholism.

Medical Examiner's jurisdiction was invoked in accordance with California Government Code 27491: a sudden and unexpected death.

NOTIFICATION

NAME OF PERSON NOTIFIED	RELATIONSHIP
Public Administrator	

ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO.
, CA	

NOTIFIED BY	METHOD	DATE AND TIME

LEGAL NEXT OF KIN	RELATIONSHIP
Public Administrator	

ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO.
, CA	

IDENTIFIED BY	METHOD	DATE AND TIME
Pending		

FUNERAL HOME	PROPERTY	TYPE OF EXAM
TE/01/30/02/2201879/co	☐ Yes ☑ No	Autopsy

DECEDENT WAS: ☐ Pedestrian ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Motorcyclist ☐ Skateboard ☐ Motorized Wheelchair

VEHICLE	LICENSE NUMBER	STATE

OCCURRED ON PRIVATE PROPER	DECEDENT WEARING SEATBEL	SEAT POSITION	DECEDENT WEARING CRASH HELMET
☐ Yes ☑ No	No		☐ Yes ☑ No

INC

E-18321 116

CERTIFICATION OF ABANDONMENT/DIRECTION TO INTER

REFERENCE: CASE OF JOHN DOE 02-0165, DECEASED

DATE OF DEATH: 1-22-02, 2002

Hospital or Mortuary Use Only in this block

Signature of the undersigned certifies, pursuant to Health and Safety Code Section 7104.1, thirty (30) days have lapsed from the time the Medical Examiner notified, or attempted to notify, the person(s) responsible for interment or inurnment of the remains of _____ now in the
Decedent's Name
jurisdiction of the Medical Examiner. I further certify that the responsible party has failed, refused or neglected to inter the remains.

Date: ___/___/___ Signature: _____

Title: _____

Medical Examiner Use Only in this block

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

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

XX Ground Burial

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

FUNERAL DIRECTOR ASSIGNED: Ragsdale (619) 263-1507

Date: 2/24/03 Signature: Robert Sutton

Title: Autopsy Rm. Supervisor

Public Administrator Use Only in this block

Public Administrator Case Number: 20031116 Date: 2/~~25~~ 20 04/~~03~~

County Indigent
Disposition Officer Signature: [signature]

JLE

E 18321

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	Unknown	FD 01/22/2002	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Vista	San Diego	Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	04/02/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	04/05/2004 B. Campbell	2406457 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4/6/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Sandemoe	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF 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

02-20-04 [illegible]

Date 2/20/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OLLIE M. GOFF 208143

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Tues, Feb 24 10:00

Church, Chapel, Graveside _____ : El Cajon Mortuary.

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

will be applied and billed to undersigned. _____

Lot — Grave 33 Row 15 Section 2 Division/Block 2

Grave space & Care Fund E-11814	0
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container T.S. Vault E-11814	0
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes	—
Total Due	0
Paid receipt number	—
Balance due	0

Fax 440-0176

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X See attached
City Zip Code

X _____
Telephone

Paulette

Invoice # _____

Work Order # E 18322

Acct. # _____

02-20-04 P02:27

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

02-20-04 P02:27 Date 2/20/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OLLIE M. GOFF

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Tues Feb 24 10:00

Church, Chapel, Graveside _____, El Cajon Mortuary.

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

will be applied and billed to undersigned. _____

Lot — Grave 33 Row 15 Section 2 Division/Block 2

Grave space & Care Fund	E-11814	0
Additional spaces and care fund		—
Opening/Closing & Setup		—
Burial Container	T.S. Vault E-11814	0
Handling Fees		—
Flower vases – Marker setting fee		—
Recording and filing fee		—
Sales taxes		—
Total Due		0
Paid receipt number		—
Balance due		0

Fax 440-0176

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

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

Signature of Recorded Owner of Deed

x Nola Mullyan
Signature

x 3689 Montana Dr.
Address

x Napa CA 94558
City Zip Code

x (707) 255-2309
Telephone

Paulette

Invoice # _____

Work Order # E 18322

Acct. # _____

02-20-04 P02:27

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18322

GRAVE BLIND CHECK FORM

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

			smith	ORTLoff		
Kelley		GOFF	x			Kemp

Blind Check Initiated By: Paulette Date: 2-20

Interment space for: Ollie M. Goff

Interment Date: 2/24 Time: 10:00 Chapel

Div: 2 Sect: 2 ~~Blk~~/Row: 15 Lot: ____ Gr: 33

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 2/23/04

Flag on grave

E-18322

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ollie	Mur	Coff	12/06/1906	02/18/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Napa	Napa	Nola Mulligan - Daughter 3689 Montana Dr. Napa, CA 94558

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Richard Pierce Funeral Service 1660 Silverado Trail, Napa, CA 94559	FD-0364

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Carol Moir	02/20/2004

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$13.00	CSM 02/20/2004	▶ 878

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Napa County Health & Human Services 2261 Elm Street, Napa, CA 94559	P.O. Box 85222 San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 2-24-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 2-23-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Long 212608

in a Liner (Type of Burial Container) Funeral, date, time Weds Feb 25 11:00

Church, Chapel, Graveside ; Merkley-Mitchell Mortuary.

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

will be applied and billed to undersigned. _____

Lot 709 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund D-1703	0
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number R-57236	848.20
R-57237/R-57238 Balance due	0

PAID

FEB 23 2004

MOUNT HOPE CEMETERY

PC.

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

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

_____
Signature of recorded holder of deed

x John W Long, Jr.
Signature

5134 - 67TH ST
Address

SAN DIEGO, CA 92115
City Zip Code

(619) 698-7486
Telephone

Raulerte

Invoice # _____

Work Order # E 18323

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-18323

GRAVE BLIND CHECK FORM

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

			Pugh			
		Long	x	Shaw		
					Starr	

Blind Check Initiated By: Paulette Date: 2-23

Interment space for: Ruth Long

Interment Date: Weds Feb 25 Time: 11.00 G.S

Div: 10 Sect: ____ Blk/Row: ____ Lot: ____ Gr: 709

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARRELL Date: 2-23-04

E-18323

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RUTH	L.	LONG	11/27/1910	02/18/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOHN LONG - SONC 5134 67TH STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ Rose M. Zullo	02/24/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/25/2004 R.M. ZULLO	2403861 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-24-03	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Morrison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF 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 2-23-04

02-23-04A10:26 PAID

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CLARESE. S. WATSON 227544

In a LINER (Type of Burial Container) Funeral, date, time SAT. 1:00 2-28-04

Church, Chapel, Graveside MT ZION : RAGSDALE Mortuary.

All Funeral cars must arrive before ~~3:00~~ 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned.

Lot 248 Grave 11 Row — Section 2 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund SAT OVER-TIME	660.00
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	2,493.20
Paid receipt number R-57251	2493-20
Balance due	Ø

PAID

FEB 23 2004

MOUNT HOPE CEMETERY

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

Andie B. Goodwin

ANDIE GOODWIN
Signature

416 SOUTH RADIO DR
Address

SAN DIEGO 92114
City Zip Code

(619) 264-8428
Telephone

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

Signature of recorded holder of deed

Invoice #

Work Order # E 18324

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E - 18324

GRAVE BLIND CHECK FORM

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

					FELICIANO LOPEZ	
			X		ALBERTO LOPEZ	
	EDWARD EDGUTH	ALMON SQUIRE	JOHN WATSON			

Blind Check Initiated By: RAY SNIDER Date: 2-23-04

Interment space for: CLARESE S. WATSON

Interment Date: 2-28-04 Time: 1:00 P.M

Div: 12 Sect: 2 Blk/Row: — Lot: 248 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 2-24-04

E 18324

10

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Clarese	Savannah	Watson	04/02/1933	02/20/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Renee Watson-Butler, Daughter 623 Porter Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragedale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blair Campbell	02/26/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	02/27/2004 B. Campbell	2404087 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 2-28-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kay Schneider
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need Paid

Date 2-23-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Sialoi S. Feseli 227560

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

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

Grave space & Care Fund E-18308	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container T.S. Vault	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	21.31
Total Due	963.31
Paid receipt number R-57240	963.31
Balance due	Ø

PAID FEB 23 2004 MOUNT HOPE CEMETERY

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

Sialoi Feseli 227560

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

Signature

Signature of recorded holder of deed

Address 404 4th St #47

City S.D. CA Zip Code 92102

Telephone 263 0725

Paulette

Work Order # E 18325

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 2-23-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Claudette Alatorre 22/531

In a Liner OA (Type of Burial Container) Funeral, date, time Thurs. 26th 10:00

Church, Chapel, Graveside ____ ; Humphrey's 423-9111 Mortuary.

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

will be applied and billed to undersigned. ____

Lot 73 Grave ~~A~~ B P.S. Row ____ Section 3 Division/Block 9

Grave space & Care Fund	215.00
Additional spaces and care fund	—
Opening/Closing & Setup	215.00
Burial Container OA Liner 16" x 45" long	105.00
Handling Fees	55.00
Flower vases – Marker setting fee R-57254	—
Recording and filing fee	50.00
Sales taxes	8.14
Total Due	648.14
Paid receipt number R-57242	648.14
Balance due	Ø

PAID

FEB 23 2004

MOUNT HOPE CEMETERY

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

Samuel Alatorre

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

Signature of recorded holder of deed

Signature

3806 Fairmount Ave #236

Address

San Diego 92105

City Zip Code

619-533-4076

Telephone

Cell 818-9317

Invoice # ____

Acct. # ____

Paulette

Work Order # E 18326

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 18326

GRAVE BLIND CHECK FORM

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

		Standard	X	Laurence		
		Payne				

Blind Check Initiated By: Paule He Date: 2-25

Interment space for: Claudette Alatorre

Interment Date: 2-26 Time: Thurs.

Div: 9 Sect: 3 Blk/Row: ____ Lot: 73 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 2-25-04

040165

E-18326

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLAUDETTE	-	ALATORRE	10/18/1999	02/22/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SAMUEL ALATORRE (FATHER) 3806 FAIRMOUNT AVENUE #236 SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶ A Delgado	02/25/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/25/2004 ARACELY DELGADO	2403891 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIA ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 2-23-04

227526

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerome Keith Jackson II

in a Liner (Type of Burial Container) Funeral, date, time Weds Feb 25 11:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 48 Grave 5 Row _____ Section 1 Division/Block ~~985.00~~ 12 pc

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57244	1600.00
Balance due	233.20
Visa Card	~~233.20~~

PAID

FEB 23 2004

MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

x George S Jackson uncle
Signature

x 566 Naples St APT 118
Address

x Chula Vista, CA 91911
City Zip Code

x (619) 427-6144
Telephone

Paulette

Work Order # E 18327

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18327

GRAVE BLIND CHECK FORM

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

			X			

Blind Check Initiated By: Paulette Date: 2/23

Interment space for: Jerome Jackson II

Interment Date: Feb. 25th Time: 11:00 church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 48 Gr: 5

Grave Laid out by: Norman Terry

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: M. Underwood Date: 2/23/04

E-18327

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JEROME	KEITH	JACKSON II	08/30/1985	02/17/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAMES JACKSON SR.-FATHER 2428 MONROE STREET SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ Gloria Lynch	02/23/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/24/2004 G. LYNCH	▶ [illegible]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 2-25-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kum F. Kamyo	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-23-04

Date 2-23-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Miles 227533 1:00pm

in a Liner (Type of Burial Container) Funeral, date, time Thursday 26, 2004

Church, Chapel, Graveside Chapel ; Rogsdale Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 165 Kem

will be applied and billed to undersigned.

Lot 973 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	1095
Additional spaces and care fund	—
Opening/Closing & Setup	413
Burial Container Liner	209
Handling Fees	160
Flower vases – Marker setting fee	—
Recording and filing fee	50
Sales taxes	16.20
Total Due	1943.20
Paid receipt number #57248	1943.20
Balance due	Ø

PAID

FEB 26 2004

MOUNT HOPE CEMETERY

110. PAID BY KEVIN MILES VISA

1,833.80 PAID BY RAGSDALE RS

RS

Rogsdale AT M

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

Mortuary →

Customer → Kevin R Miles (Signature)

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

Kevin R. Miles (Signature of recorded holder of deed)

4981 Reynolds St. (Address)

San Diego, CA 92113 (City, Zip Code)

(619) 264-2550 (Telephone)

Nancy

Work Order # E 18328

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

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AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-23-04

Date 2-23-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Miles 1:00pm

in a Liner (Type of Burial Container) Funeral, date, time Thursday 26, 2004

Church, Chapel, Graveside Chapel : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 165 KRM

will be applied and billed to undersigned.

Lot 973 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	1095
Additional spaces and care fund	—
Opening/Closing & Setup	413
Burial Container Liner	209
Handling Fees	160
Flower vases – Marker setting fee	—
Recording and filing fee	50
Sales taxes	16.20
Total Due	1943.20 RS
Paid receipt number ATM	$110.00 ~~1943.20~~
Balance due	~~$~~ 1833.20 RS

Ragsdale ATM

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

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

Kevin R. Miles
Signature of recorded holder of deed

Mortuary →
Customer → Kevin R Miles
Signature

4951 Reynolds St.
Address

SAN DIEGO, CA 92113
City Zip Code

(619) 264-2550
Telephone

Nancy

Work Order # E 18323

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

02-26-04 A08:59

Due from Ragsdale –

MT HOPE CEMETERY E-18328

GRAVE BLIND CHECK FORM

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

			Buchanan	Gillian		
clipper	Fay		X			

Blind Check Initiated By: Paule Mc Date: 2/24

Interment space for: Michael Miles

Interment Date: Feb-26-04 Time: 1:00pm

Div: 10 Sect: ____ Blk/Row: ____ Lot: 973 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No Flag

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 2/24/04

E-18328

43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Michael	Allan	Miles	07/05/1960	02/21/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Donella Miles, Mother 4951 Reynolds Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	02/25/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	02/25/2004 B. Campbell	2403894 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 2-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

Pre need lot + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 02 24 04 P12:29 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas M. Adams 227522

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 161 Grave 7 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases	149 —
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1982.20
Paid receipt number Visa	1982.20
Balance due	0

PAID
FEB 24 2004
MOUNT HOPE CEMETERY

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

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

Signature of recorded holder of deed

X Thomas M. Adams
Signature
X 6854 1/2 Mission Gorge
Address
X SD CA 92120
City
(619) 287 8134
Telephone
Zip Code

Invoice # _____

Work Order # E 18329

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

ORIGINAL

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

E 18329

PERSONAL DATA

1. LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NUMBER	3. SOCIAL SECURITY NUMBER
ADAMS, THOMAS MELVIN	NA	042 32 5478

4. DEPARTMENT COMPONENT AND BRANCH OR CLASS	5a. GRADE, RATE OR RANK	6. PAY GRADE	8. DATE OF RANK	DAY	MONTH	YEAR
NAVY - USNFR	BTC	E7		16	OCT	68

7. U. S. CITIZEN	8. PLACE OF BIRTH (City and State or Country)	9. DATE OF BIRTH	DAY	MONTH	YEAR
[X] YES [ ] NO	NORWICH, CT		16	AUG	32

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER	b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE	c. DATE INDUCTED		
		DAY	MONTH	YEAR
NONE	----------	NA	NA	NA

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
TRANSFERRED TO FLEET RESERVE	NAVCRUITDIST, COLUMBUS, OH 43215

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
BUPERMAN 3840260.1C-203-EXP OF TERM OF ACTIVE OBLIGATED SERVICE, TRF TO FLT RESERVE *		31	JUL	72

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
NAVCRUITDIST, COLUMBUS, OH	HONORABLE	NAVPERS 1830/2

14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED	15. REENLISTMENT CODE
NAVAL RESERVE MANPOWER CENTER, BAINBRIDGE, MD 21905	RE-2

SERVICE DATA

16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY		
DAY	MONTH	YEAR	a. SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [X] REENLISTED [ ] OTHER		DAY	MONTH	YEAR
NA	NA	NA		*06	21	JAN	66

18. PRIOR REGULAR ENLISTMENTS	19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
-4-	BT1	NORWICH, CT

21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)
SPRING GARDEN AVE
NORWICH, NEW LONDON, CT 06360

23a. SPECIALTY NUMBER & TITLE	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER
9585-RECRUITER	951-FIREMEN

22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	06	06	11
	(2) OTHER SERVICE	15	06	10
	(3) TOTAL (Line (1) plus Line (2))	22	00	21
b. TOTAL ACTIVE SERVICE		22	00	21
c. FOREIGN AND/OR SEA SERVICE		04	03	03

24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
FIFTH & SIXTH GOOD CONDUCT AWARDS FOR PD END 30JUN66 AND 30JUN70, ARMED FORCES EXPEDITIONARY MEDAL (KOREA), NAVY UNIT COMMENDATION, NAVY ACHIEVEMENT MEDAL, VIETNAM SERVICE MEDAL, VIETNAM CAMPAIGN MEDAL W/ DEVICE(1960) VIETNAM AF MERIT UNIT CITATION(GALLANTRY CROSS)RIBBON BAR

25. EDUCATION AND TRAINING COMPLETED
PNC-1 SCOL NTC SDIEGO, CA 07WKS 04MAY70-19JUN70, 96.00 4 OF 73. CAREER INFO & COUNSELING CLASS "C" SCOL 03WKS, 07MAR66-25MAR66 SAT COMPL. NAVSHIPS SYSTEMS COMD BOILERWATER-FEEDWATER TEST & TREATMENT CRS 01WK, 10JUN68-14JUN68 SAT COMPL.

VA AND EMP. SERVICE DATA

26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years)	b. DAYS ACCRUED LEAVE PAID	27a. INSURANCE IN FORCE (NSLI or USGLI)	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
TL: NONE	16	[ ] YES [X] NO	$ NA	NA
EXLV: NONE	28. VA CLAIM NUMBER: C LH30406-OH	29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [ ] $10,000 [ ] $5,000 [ ] NONE X-15,000.00		

REMARKS

30. REMARKS HIGH SCHOOL - 03.
*BLOCK 11c CONT'D: & NAVPERS 1830/2 OF 6 OCT 1971.
*BLOCK 17b CONT'D: ENLISTMENT/ACTIVE SERVICE TERM EXTENDED FOR 18 MONTHS ON 20 JAN 1972. EXTENSION WAS AT REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT.

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAIL NG PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)
3977 EAST MOUND ST
COLUMBUS, FRANKLIN, OH 43227

32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
LSL PAID 16 DYS.
Thomas Melvin Adams

33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER
W. E. COWEN, LCDR, USN, EXEC OFF
BY DIRECTION OF THE CO

34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

DD FORM 1 JUL 66 214N
S/N 0102-002-0200
PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

02-25-04A08:24 ~~PAID~~ Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Janice Clark @ 227538

in a ASH VAULT (Type of Burial Container) Funeral, date, time Fri. Feb. 27 2:30

Church, Chapel, Graveside ; Family Mortuary.

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

will be applied and billed to undersigned. _____

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

Grave space & Care Fund E - 9043	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number Visa Card	297.73
Balance due	Ø

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

York Blood

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

_____
Signature of recorded holder of deed

X York Blood
Signature

X 6672 W. 3600 S.
Address

X Bountiful UT 84010
City Zip Code

X 801-420-5335
Telephone

Arlette

Work Order # E 18330

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18330

GRAVE BLIND CHECK FORM

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

			Taylor			
		Conel	x		Morgan	
				Grayson		

Blind Check Initiated By: Paulette Date: 2/26

Interment space for: Janice Clark

Interment Date: 2/27/04 Time: 230 pm G.S.

Div: 12 Sect: 1 Blk/Row: ____ Lot: 150 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: [illegible]

E-18330

68

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JANIS	A.	CLARK	04/08/1935	01/27/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	YORK BLOOD - SON 672 WEST 3600 STREET BOUNTIFUL, UT 84010

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
NATIONAL CREMATION SERVICES - 645 "H" STREET SUITE #J, CHULA VISTA, CA 91910	FD 1707	▶ Nia Good	02/03/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	NIA GOOD 02/03/2004	2402497 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-27-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Ray Snider	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 2-5-04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ DX Evans	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

02-25-04P02:40

Date 2-25-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Blomquist 227534

in a _____ Funeral, date, time Fri. Feb. 27th 11:00

Type of Burial Container

Church, Chapel, Graveside _____ : Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Lot 151 Grave 1 Row _____ Section Muslin Division/Block _____

Grave space & Care Fund E-16919	0
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container SCAB	88.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	6.82
Total Due	557.82
Paid receipt number m/c	557.82
Balance due	0

PAID

FEB 25 2004

MOUNT HOPE CEMETERY

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

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

_____

Signature of recorded holder of deed

X PARY YAHIAPOOR

Signature

X 11095 CAMINATA

Address

X DOURO

City S D CA 92129 Zip Code

X Telephone (858) 672-1900

Invoice # _____

Work Order # E 18331

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-18331

GRAVE BLIND CHECK FORM

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

			X			

Blind Check Initiated By: Paulette Date: 2-2

Interment space for: Robert Blomquist

Interment Date: 2/27/04 Time: ?

Div: ____ Sect: Muslim Blk/Row: ____ Lot: 151 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: David Noriega Date: 2-24-04

E 18331

19

...TION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

...(GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
	EUGENE	BLOMQUIST	03/08/1924	02/25/2004	M

...DEATH: POWAY

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: PATTY BLOMQUIST-WIFE, 11095 CAMINATA DOURO, SAN DIEGO CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD 843

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

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

8B. DATE SIGNED: 02/27/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 02/27/2004 K JONES

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ 2404072

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA: P.O. BOX 85222, SAN DIEGO, CA 92186 5222

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED: 2-27-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION: -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At NEED

X - DEEP

Date 2/25/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DIXIE CAIN 227548

in a T.S. vault (Type of Burial Container) Funeral, date, time Tues. MAR. 2 11:00

Church, Chapel, Graveside _____ ; CABURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Lot 49 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R-57261	1948.31
Balance due	Ø

PAID

MAR 0 1 2004

MOUNT HOPE CEMETERY

~~Mort To Day~~ Mort. To Bring Check

02-27-04 A00:24 CFMD

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

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

_____
Signature of recorded holder of deed

X Cynthia Sims For Willie Cain
Signature

X 24407 Calle Santa Monica
Address

X Murrieta, Ca 92562
City Zip Code

X 509-600-0392
Telephone

Paulette

Invoice # _____

Work Order # E 18332

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

A+ NEED

X - DEEP

Date 2/25/04

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

in a T.S. vault (Type of Burial Container) Funeral, date, time TUES. MAR. 2 11:00

Church Chapel, Graveside ; CABURIAL Mortuary.

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

Lot 49 Grave 11 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	21.31
Total Due	1,948.31

MORT. TO Pay

Paid receipt number _____

Balance due _____

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

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

Willis Cain Sr
Signature of recorded owner of deed

X Willis Cain Sr
Signature

X 24407 Calle Santa Monica
Address

X Murrieta, CA 92562
City Zip Code

X 909-600-0392
Telephone

Paulette

Work Order # E 18332

Invoice # _____

Acct. # _____

REA-104 (7-99)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18332

GRAVE BLIND CHECK FORM

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

				Ricky Johnson		
			X	Daniel Wobesel	Willie Horne	
	James McCauley		Clifton Boot	Charles Coler		

Blind Check Initiated By: Ray S. Date: 2-26

Interment space for: Dixie Cain

Interment Date: 3-2-04 Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 49 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Flag

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. [illegible] Date: 2/27/04

E-18332

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DIXIE	JEAN	CAIN	08/22/1934	02/24/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MURRIETA	RIVERSIDE	WILLIE CAIN, SR.-HUSBAND 24407 CALLE SANTA MONICA MURRIETA, CA 92562

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BU&RIAL CHAPED 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ [signature]	02/24/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/27/2004 J. [illegible]	▶ Nancy L Bowan MD MPH

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
RIVERSIDE COUNTY HEALTH DEPT. 4065 COUNTY CIRCLE #109 RIVERSIDE, CA 92503	VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-2-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Attach

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-26-04A11:10 Date RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ontario McElroy 227546

in a DD 1st (Type of Burial Container) Funeral, date, time Mon 3/1 1:00

Church, Chapel, Graveside ; CA Burial Mortuary.

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

Lot 478 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	1095 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	32.40
Total Due	2360.40
Paid receipt number R57250	2360.40
Balance due	-0-

PAID

FEB 26 2004

MOUNT HOPE CEMETERY

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

Ora Hutsona

x Ora L. Hutsona
Signature

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

x 7461 Daytona St #1
Address

Lemon Grove 91945
City Zip Code

x (619) 741-8999
Telephone

Signature of recorded holder of deed

Pam

Invoice # _____

Work Order # E 18333

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-18333

GRAVE BLIND CHECK FORM

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

		PAUL CASTRO	JOAN RILEY			± Ruin Hotbrook
	BILLA TREKAS		X			
		CHRISTINE BUCKLEY	WILL HAWKINS			

Blind Check Initiated By: Pam/RAY Date: 2/26

Interment space for: Ontario McElroy

Interment Date: Mon 3/1 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 478 Gr: 1

Grave Laid out by: Norman Fe[illegible]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 2-26-04

E-18333

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ONTARIO	-	McELROY	03/25/1977	02/22/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ORA HUTSONA-MOTHER 7461 DAYTONA ST. #2 LEMON GROVE, CALIFORNIA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	Juanita Benyard	02/26/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	J. BENYARD	▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 3-1-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Kemp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 2-26-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Barrowclough 227540

in a Liner (Type of Burial Container) Funeral, date, time Sat. Feb 28 9:30

Church, Chapel, Graveside : AZTLAN Mortuary. John Rodriguez

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

will be applied and billed to undersigned.

Lot 38 Grave 8 Row Section 2 Division/Block ~~985~~ 12

Grave space & Care Fund	985.00
Additional spaces and care fund OT. Fee	~~660.00~~
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee ... Recording + File Fee	50.00
Recording and filing fee SAT. OVERTIME FEE	~~710.00~~
Sales taxes	16.20
Total Due	2493.20
Payment Received 57252	2493.20
Balance due	0

PAID FEB 26 2004 MOUNT HOPE CEMETERY

MORTUARY To Pay

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

Judith Vollenweider

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

Signature of recorded holder of deed

Signature: Judith Vollenweider

Address: 7021 Saranac Ave.

City: La Mesa, Ca. Zip Code: 91941

Telephone: (619) 303-5640

Paulette

Work Order # E 18334

Invoice #

Acct. #

REA-104 (7-95)

This information is available in alternative formats upon request.

© Printed on recycled paper

E- 18334

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Fd

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	A.	Barrowclough	01/08/1959	02/24/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Judith Vollenweider-Mother 7621 Saranac Ave. LaMesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	FD-1658	▶ Leah A Mata	02/27/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	Leah A. Mata 02/27/2004	▶ 2404073

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-28-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

E-18331

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		Perez	Baird	Juarez Jimenez		
			X		French	
		Hall		Hyche	Davis	

Blind Check Initiated By: Paulette Date: 2/26

Interment space for: John Barrowclough

Interment Date: 2/28/04 Time: 930 church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 38 Gr: 8

Grave Laid out by: C Warren

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: [illegible] Date: 2/26/04

Quit Claim

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 02 26 04 01:39 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louis McDaniel & Nancy Lohmann

In a _____ (Type of Burial Container) Funeral, date, time 227523

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 987 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	C-8976
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	Quit claim from
Handling Fees	Violet A. Hart
Flower vases – Marker setting fee	208-607
Recording and filing fee	
Sales taxes	
Total Due	Ø
Paid receipt number	
Balance due	Ø

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

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

Signature of recorded holder of deed

Signature _____

Address See attached

City _____ Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 18335

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18335

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

Date: January 20, 2004

I/We Dorothy Blackburn Executor For Violet Hart

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Louis Douglas Mc Daniel And Nancy A. Lehman
Street Address: 4415 W. Seista Way Apt / Unit #:
City: Laveen ST: AZ Zip-Code: 85339
Telephone #: (602) 254-7359

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

Division: 10 Section: " N/A " Blk / Row: " N/A "
Lot(s): 987 Grave(s): 1

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

WITNESS my/our hand this 18th day February 2004

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

Maureen Doyle
WITNESS

X Dorothy Blackburn
Legal Owner / Reprehensive Signature

WITNESS

Legal Owner / Reprehensive Signature

Pamala Hetzel
CEMETERY REPREHENSIVE NAME

Cemetery Reprehensive Signature

Maureen Doyle
NOTARY PUBLIC, State of Texas
My Commission Expires
November 10, 2004

Atred

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-27-04A10:31 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Ross 227552

in a liner #7 (Type of Burial Container) Funeral, date, time Tues 3/2 1:00

Church, Chapel, Graveside ; Rengdale Mortuary.

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

will be applied and billed to undersigned.

Lot 147 Grave 7 Row Section 1 Division/Block 11

Grave space & Care Fund	485
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container oversize 84½L	209
Handling Fees	160
Flower vases – Marker setting fee	138.00
Recording and filing fee	50
Sales taxes	16.20
Total Due	1971.20
Paid receipt number R-57275	1971.20
Balance due	Ø

PAID MAR 0 2 2004 MOUNT HOPE CEMETERY

mortuary 2 pay

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

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

Signature of recorded holder of deed

x Marlene Evans
Signature

x 1041 Marjorie Drive
Address

x San Diego, Ca. 92114
City Zip Code

x
Telephone

Invoice #

Acct. #

Work Order # E 18336

REA-104 (7-96)

This information is available in alternative formats upon request.

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E 18336

•0051

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: ROBB, RAYMOND WILLIE
2. SERVICE NUMBER: 484 54 94
3. SOCIAL SECURITY NUMBER: 434 44 4369
4. DEPARTMENT, COMPONENT AND BRANCH OF CLASS: NAVY - USN
5. GRADE, RATE OR RANK: AE2
6. PAY GRADE: E-5
7. DATE OF BIRTH: 20 OCT 00
8. U.S. CITIZEN: [X] YES [ ] NO
9. PLACE OF BIRTH (City and State or Country): MOUSSIE, LOUISIANA
10. DATE OF ENTRY: 17 OCT 35

SELECTIVE SERVICE DATA

11a. SELECTIVE SERVICE NUMBER: 16 39 35 269
11b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE: #39, NEW ORLEANS, ORLEANS, LOUISIANA
12. DATE INDUCTED: NOT APPLICABLE

TRANSFER OR DISCHARGE DATA

13. TYPE OF TRANSFER OR DISCHARGE: DISCHARGED
14. STATION OR INSTALLATION AT WHICH EFFECTED: VFP-63, at NAS MIRAMAR, CALIFORNIA
15. REASON AND AUTHORITY: BUPERSMAN 1610.0300 -206- EXPIRATION OF TERM OF ENLISTMENT
16. EFFECTIVE DATE: 10 DEC 70
17. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: VFP-63
18. CHARACTER OF SERVICE: HONORABLE
19. TYPE OF SEPARATION CODE: LS 256N
20. DISTRICT AREA COMMAND OR COAST GUARD DISTRICT TO WHICH RESERVIST TRANSFERRED: NOT APPLICABLE
21. REENLISTMENT CODE: RE-1

SERVICE DATA

22. TERMINAL DATE OF RESERVE OBLIGATION: NOT APPLICABLE
23. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION: [ ] ENLISTED (Prior Enlistment) [ ] APPOINTED (Prior Service) [X] ENLISTED [ ] OTHER
24. TERM OF SERVICE (Years): 6
25. DATE OF ENTRY: 14 OCT 64
26. BASIC MILITARY TRAINING: TWO (02)
27. DATES HELD OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: AE3
28. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): SAN DIEGO, CALIFORNIA
29. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code): NEW ORLEANS, ORLEANS, LOUISIANA
30. SPECIALTY NUMBER & TITLE: AE - 0000
31. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: 825 - Electricians

32. STATEMENT OF SERVICE	YEARS	MONTHS	DAYS
a. NET ACTIVE SERVICE THIS PERIOD	06	01	27
b. EXPIRATION FOR BASIC LAW PURPOSES: b1. PRIOR SERVICE	08	11	14
b2. TOTAL SERVICE (Active & Inactive)	15	01	11
c. TOTAL ACTIVE SERVICE	15	01	11
d. FOREIGN AND SEA SERVICE	08	06	00

33. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

34. EDUCATION AND TRAINING COMPLETED
NTC FOR NRPO 1AC
X
X
X
X

ADDITIONAL SERVICE DATA

35. NON-PAY PERIODS TIME LOST (Preceding Two Years): LT - NONE; EILV - NONE
36. DATE ACCRUED LEAVE PAID: 28, 29
37. INDEBTEDNESS TO PUBLIC (Amount Owed): [ ] YES [X] NO
38. AMOUNT OF ALLOTMENT: NA
39. MONTH ALLOTMENT DISCONTINUED: NA
40. VA CLAIM NUMBER: NONE
41. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [X] FULL $15,000 [ ] $15,000 [ ] NONE

REMARKS

42. REMARKS
COLLEGE -1-
X
X
X
X X

AUTHENTICATION

43. PERMANENT ADDRESS FOR MAILING PURPOSES UPON TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code): NEW ORLEANS, ORLEANS, LOUISIANA
44. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Raymond Willie Robb
45. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: K. I. WEAL, LT, USN, ASS'T PERS. OFF.
46. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: Keith I. Weal

DD FORM 214N PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE, U/M-DISCHARGED ASST

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

MT HOPE CEMETERY E- 18336

GRAVE BLIND CHECK FORM

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

			Spears	Charles		
	Kealy	Blum	X	Morimoto		
			Lacy			

Blind Check Initiated By: Pam Date: 2/27

Interment space for: Ray Ross

Interment Date: Tues 3/2 Time: 1:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 147 Gr: 7

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREN Date: 2-27-04

E-18336

118

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Raymond	Willie	Ross	10/17/1935	02/17/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Elston Perry, Son 847 Lafayette Avenue San Leandro, CA 94577

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blair Anderson	02/25/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109705 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT — AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	02/25/2004 B. Campbell	2403922 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-2-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

TOTAL IS At Need charges

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ida Belle Rose 27550

in a T. A. Vault #7 (Type of Burial Container) Funeral, date, time Wed Mar 3 11:00

Church, Chapel, Graveside _____ ; Rogodale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 35 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container 33 1/2 W x 84 1/2 L Casket size	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	21.31
Total Due	~~183~~ 1948.31
Paid receipt number R-57255 R57276	115.11
Balance due	1833.20

CREDITED FOR COST NOT CHARGED $ 342.48

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

Shirley Smith
Signature

3134 Casa Benita Dr
Address

Benita Ca 91902
City Zip Code

(619) 267-3866
Telephone

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

Shirley Hill
Signature of recorded holder of deed

Paulette

Invoice # _____

Work Order # E 18337

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18337

GRAVE BLIND CHECK FORM

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

			Williams			
	Pleasant	Lovette	X			
		Gooda		Shordiang		

Blind Check Initiated By: Paulette Date: 3-1

Interment space for: Ida Belle Rose

Interment Date: 3-3-04 Time: 11:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 35 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 3/01/04

E-18337

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ida	Belle	Rose	10/01/1923	02/24/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sarah Burton, Friend (DPOA) 5940 La Jolla Blvd. La Jolla, CA 92037

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102	FD-1329	▶ Blair Campbell	02/26/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	02/27/2004 B. Campbell	2404104 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-3-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

At Need
Total of 20 chairs

City of San Diego

Date 3-1-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DRay, Jack 207657

in a Liner (Type of Burial Container) Funeral, date, time Tues March 9th 1:00

Church, Chapel, ~~Graveside~~ ; El Camino Pacific Beach Mortuary.

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

will be applied and billed to undersigned. _____

2283 pc.

Lot ~~2283~~ Grave 1 Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	E-3434	Ø
Additional spaces and care fund		—
Opening/Closing & Setup	PAID	413.00
Burial Container		209.00
Handling Fees	MAR 0 1 2004	160.00
Flower vases – Marker setting fee		—
Recording and filing fee	MOUNT HOPE CEMETERY	50.00
Sales taxes		16.20
	Total Due	848.20
	Paid receipt number Visa Card	848.20
	Balance due	Ø

~~858~~ ~~488~~ ~~8553~~
858 ~~453~~ ~~2121~~
483-4465

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

David Dray

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

_____
Signature of recorded holder of deed

[signature]
Signature

2013 S. TREMONT ST. #1
Address

OCEANSIDE CA 92054
City Zip Code

(760) 433-9040
Telephone

Paulette

Invoice # _____

Work Order # E 18338

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18338

[illegible]

[illegible]

[illegible]	0	0	0				
[illegible]	3	0	0				
[illegible]	0	0	0				
[illegible]	3	0	0	1	2		20

[illegible] United [illegible] Good Conduct Medal

THE DISBURSING OFFICER
HEADQUARTERS BATTALION
MARINE CORPS BASE
CAMP PENDLETON, CALIFORNIA

Intelligence School	3 wks - 1954	Adv Photolator	PAID $100.00 MOP CODE "Z" 4/30/56
Division API School	2 wks - 1954	Basic API	G. R. SCHMIDT 053350

Indemnity	☐ YES ☒ NO ☐ UNKNOWN		August 1956
$[illegible].60	$122.64	G. R. SCHMIDT 053350	

Transferred from USMC to MCR with obligated service until 30 April 1961 under UMT&S Act, as amended. Recommended for reenlistment.

A. B. HUMPHREY, CWO, USMC
Battalion Adjutant

Nov52	Apr53	Tool Grinder

Van Oals Hardware, Des Moines, Iowa

☒ YES ☐ NO

Married 8 6

8 North Elm Street, Colfax, Jasper, Iowa

Jack W. Dry

OD FORM 214 INDIVIDUAL'S COPY (TO BE DELIVERED TO THE INDIVIDUAL BEING SEPARATED)

MT HOPE CEMETERY E 18338

GRAVE BLIND CHECK FORM

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

			Garner	Freeman		
	KAO	ESAU	X	Rozell	Rozell	Perry
			Tom	HARB		

Blind Check Initiated By: Paulette Date: 3-4-04

Interment space for: Jack Dray

Interment Date: 3-9-04 Time: 1:00 P.S.

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2383 Gr: 1

Grave Laid out by: Norman Fergher

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No ~~Route~~ Flagon grave

Blind Check & Verified By: [illegible] Date: 3-5-04

E-18338

40

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FD

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JACK	WAYNE	DRAY	02/17/1934	02/24/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DAVID W. DRAY-SON 2013 S. TREMONT ST. #1 OCEANSIDE, CA 92054

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ECM-PACIFIC BEACH CHAPEL 4710 CASS ST. SAN DIEGO, CA 92109	FD-815	▶ Carla Hill	02/28/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/02/2004	C GRIER 2404208 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-9-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-02-04A11:22 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rudolph McBean 227577

in a DD 1st (Type of Burial Container) Funeral, date, time Tues 3/9 1:00

Chapel, Graveside _____ ; Ragsdale Mortuary.

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

Lot 183 Grave 2 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	985 –
Additional spaces and care fund	
Opening/Closing & Setup	413 –
Burial Container	418 –
Handling Fees	352
Flower vases – Marker setting fee	
Recording and filing fee	50 –
Sales taxes	32.40
Total Due	2250.40
Paid receipt number	R57266 2250.40
Balance due	0

PAID

MAR 0 2 2004

MOUNT HOPE CEMETERY

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

Sharon McBean

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

_____
Signature of recorded holder of deed

Pam

X Sharon O McBean
Signature

X 4488 mayberry ST #11
Address

X San Diego CA 92113
City Zip Code

X (619) 229-1467
Telephone

Invoice # _____

Work Order # E 18339

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18339

GRAVE BLIND CHECK FORM

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

				Pierson		
			X			
	Crain	Hause				

Blind Check Initiated By: Pam Date: 3/1

Interment space for: Rudolph McBean

Interment Date: Tues 3/9 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 183 Gr: 2

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C Warren Date: 3-5-09

E-18339

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Rudolph	-	McBean	08/10/1934	02/25/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	SanDiego	Lela A. McBean, Wife 4479 Altadena Street #1 San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Bla. Campbell	03/02/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/03/2004 B. Campbell	2404299 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-9-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-02-04P12:38 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Esau Fetuli 227559

in a liner (Type of Burial Container) Funeral, date, time Fri 3/5 10:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before [redacted] p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 177 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	209
Handling Fees	160
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	16.20
Total	1833.20
Paid receipt number R57286	1833.20
Balance due	0

PAID

MAR 05 2004

MOUNT HOPE CEMETERY

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

Tuumamao Esau

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

X [signature]
Signature

X 1961 Rosenelfe Cir
Address

X San Jose CA 95148
City Zip Code

X (408) 929-3728
Telephone

_____
Signature of recorded holder of deed

[signature]

Invoice # _____

Work Order # E 18340

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18340

GRAVE BLIND CHECK FORM

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

	Tenaro	Jennings				
	Sutherm		x			
				Brambila		

Blind Check Initiated By: Pam Date: 3/2

Interment space for: Esau Fetuli

Interment Date: Fri 3/5 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 177 Gr: 12

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. Vandemacke Date: 3/3/04

E 18340

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Esau	-	Fetuli	05/07/1928	FND 02/28/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Afaga Jennings, Niece 195 65th Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [illegible]	03/02/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/03/2004 B. Campbell	2404301 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-5-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3-2-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hubert Gay 208074

in a ASH VAULT (Type of Burial Container) Funeral, date, time Mon. MARCH 15th 11:00

Church, Chapel (Graveside) : Cypress/El Camino Mortuary. 264-3168

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

will be applied and billed to undersigned. _____

Lot 24 Grave 9 Row _____ Section 4 Division/Block 6

Grave space & Care Fund	B9324	0
Additional spaces and care fund		—
Opening/Closing & Setup		116.00
Burial Container		61.00
Handling Fees		66.00
Flower vases – Marker setting fee		—
Recording and filing fee		50.00
Sales taxes		4.73
Total Due		297.73
Paid receipt number R-57269		297.73
Balance due		Ø

PAID
MAR 0 2 2004
MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

Mary Page Gay
Signature
2670 Harvard Dr
Address
San Diego CA 92123-3601
City Zip Code
858-278-2234
Telephone

Paulette

Work Order # E 18341

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY C-18341

GRAVE BLIND CHECK FORM

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

					Stribling	Mercer
			X	X	X	
				Thacher	Cook	

Blind Check Initiated By: Paulette Date: 3/11

Interment space for: Hubert Gay

Interment Date: 3-15-04 Time: 11:00 G.S.

Div: 6 Sect: 4 Blk/Row: ____ Lot: 24 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 3/11/04

85392 E-18341 AAP 713

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HUBERT	HENRY	GAY	09/26/1924	02/27/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARY GAY - WIFE 2671 HARCOURT DR. SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ECH-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD-670	▶	03/03/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/04/2004 J. FLORES	2404448 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-15-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO, CA 92113	12B. DATE CREMATED 3/6/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-02-04P01:45 RCVD

Date _____

227582

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel B. Fenwick

In a Ash vault (Type of Burial Container) Funeral, date, time Tues 3/9 2:00

Church, Chapel, ~~Graveside~~ : Family Mortuary.

All Funeral cars must arrive before ~~6:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 7 Grave 2 C ~~Row~~ Blk 5 Section _____ Division/Block IOF

Grave space & Care Fund	0
Additional spaces and care fund	
Opening/Closing & Setup	116
Burial Container	60
Handling Fees	106
Flower vases – Marker setting fee	
Recording and filing fee	30
Sales taxes	4.73
Total Due	297.73
Paid receipt number R57270	297.73
Balance due	0

PAID

MAR 0 2 2004

MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

[signature]

X [signature]
Signature

X 2816 Columbia St
Address

X San Diego Ca 92103
City Zip Code

X 619 295 4732
Telephone

Invoice # _____

Work Order # E 18342

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18342

GRAVE BLIND CHECK FORM

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

		[illegible]				
		The Box			Milligan	
		Willmoare				

Blind Check Initiated By: Pam Date: 3/2

Interment space for: Ethel Fenwick Q

Interment Date: Tues 3/9 Time: 2:00

Div: IOOF Sect: ____ ~~Bit/Row~~ 5 Lot: 7 Gr: 2

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: PARKEY! Date: 3-8-04

040157

E 18342

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

93 30355 16044

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ETHEL	BERNICE	FENWICK	04/15/1910	02/19/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JERRY FENWICK (SON) 2234 BANCROFT STREET SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶ A Delgado	02/25/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/25/2004	2403902 ARACELY DELGADO ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-9-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE., COSTA MESA, CA 92626	12B. DATE CREMATED FEB 25 2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre Need lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/04

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 53 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R 57277	1833.20
Balance due	0

PAID

MAR 0 3 2004

MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

Pam

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attached

Invoice # _____

Work Order # E 18343

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-18343

County of San Diego
Health and Human Services Agency
Case Management Services
1250 Morena Blvd.
San Diego, CA 92110
(619) 692-8715
FAX 619-542-4969

FACSIMILE TRANSMITTAL

To: Pam / Mt. Hope Cemetery Fax: 527-3403

From: Errolyn Riley-Yom MSW Date: 3/9/04

Re: John Hill Pages: 2 Includes cover sheet

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes: *This information is protected under California Welfare and Institutions Code 5328. You are prohibited from making further disclosure without the specific written consent of the client or conservator. If you receive this material in error, please contact us at (619) 692-8715.*

Confidential

Pre Need lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/04

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 53 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases — Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R 57277	1833.20
Balance due	0

PAID
MAR 0 3 2004
MOUNT HOPE CEMETERY

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

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

Signature of recorded holder of deed

Pam

X Evelyn Kirby-Yard M.S.
Signature
X Conservator for John Hill
Address
X 1250 Morena Blvd.
San Diego CA 92110
City Zip Code
X (619) 692-8725
Telephone

Invoice # _____

Work Order # E 18343

Acct. # _____

REA-164 (7-00)

This information is available in alternative formats upon request.

At Deed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/4/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fong Li 227555

in a Cath Vault (Type of Burial Container) Funeral, date, time Thurs. Mar. 4 2:30

Church, Chapel, Graveside : Family Mortuary.

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

will be applied and billed to undersigned. _____

Lot 297 Grave 1 Row _____ Section 2 Division/Block Chinese

E-11191

Grave space & Care Fund	0
Additional spaces and care fund	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number m/c Credit Card	297.73
Balance due	0

PAID

MAR 0 4 2004

MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

Paulette

X _____ Signature

X _____ Address

X _____ City Zip Code

858 549 6893 Cell 722-5665 Telephone

Invoice # _____

Acct. # _____

Work Order # E 18344

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18344

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Paulette Date: 3/4 ~~3/4~~

Interment space for: Li, Fong ⊗

Interment Date: 3-4-04 Time: 230 G.S.

Div: Chin Sect: 2 Blk/Row: ____ Lot: 297 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 3-4-04

E-18344

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LI	-	FONG	12/22/1905	07/29/1966	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HONG KONG	HONG KONG	MABEL LEE-DAUGHTER 11674 WEATHERWOOD PL. SAN DIEGO, CA. 92131

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AVE. SAN DIEGO CA 92117	FD 1126	▶ K R Z	03/01/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/02/2004 K JONES	2404211 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 3-4-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
ON THE GRAVE OF
GEORGE M. GARNER

Date 3-5-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY GARNER-ATWILL & 2276098

In a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 3/18 Thurs

Church, Chapel, Graveside _____ : WELCH-RYCE HADER Mortuary.

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

will be applied and billed to undersigned. _____

Lot 762 Grave 1 Row _____ Section 3 Division/Block 8

Grave space & Care Fund A-6216	0
Additional spaces and care fund	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number Visa Card	297.73
Balance due	0

PAID
MAR 0 8 2004
MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

Paulette

X (See attached)
Signature

X Signature
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E 18345

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

mary GARNER ATWILL

Grave space & Care Fund	A-6216	0
Additional spaces and care fund		—
Opening/Closing & Setup		116.00
Burial Container		61.00
Handling Fees		66.00
Flower vases – Marker setting fee		—
Recording and filing fee		50.00
Sales taxes		4.73
	Total Due	297.73
	Paid receipt number	
	Balance due	

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

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

Signature of recorded holder of deed

Paulette

X [signature]
Signature

X 16270 Agate Point Rd. NE
Address

X Bainbridge Island WA 98110
City Zip Code

X 206/780-0920
Telephone

Invoice #

Work Order # E 18345

Acct. #

REA-104 (7-95)

This information is available in alternative formats upon request.

w/ Gage

MT HOPE CEMETERY E-18345

GRAVE BLIND CHECK FORM

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

			Wiencke			
	McConnell		X		Dawson	
	BOYD		Greene			

Blind Check Initiated By: Pam Date: 3/5

Interment space for: Mary Atwell ⊗

Interment Date: AYD Time:

Div: 8 Sect: 3 Blk/Row: Lot: 762 Gr: 1

Grave Laid out by:

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

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Date:

E 18345 11902

APPLICATION 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
MARY	DIXON	ATWILL	11/17/1909	03/03/2004	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTA BARBARA	SANTA BARBARA	JOHN ATWILL III-SON 16270 AGATE POINT RD N.E. BRAINBRIDGE IS, WA, 98110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA — FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CA LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
WELCH-RYCE-HAIDER 15 E SOLA ST, SANTA BARBARA, CA, 93101	FD303	[signature]	03/05/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 13.00	3/5/2004 SEAN WITTER	FAX Authorization # 496528

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SANTA BARBARA COUNTY HEALTH CARE SERVICES 345 CAMINO DEL REMEDIO SANTA BARBARA, CA, 93110	

10. AUTHORIZED DISPOSITION(S)
BURIAL (INCLUDES ENTOMBMENT)
CREMATION

FOR CORONER'S USE ONLY

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 3-18-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY WELCH-RYCE-HAIDER CREMATORY 450 WARD DRIVE SANTA BARBARA, CA, 93111	12B. DATE CREMATED 03-08-2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7117, 10376, AND 10376.5.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS SHALL NOT BE SCATTERED OVER INLAND WATERS OR OVER LAND UNLESS IN A DEDICATED CEMETERY IN A GARDEN AREA USED EXCLUSIVELY FOR SUCH PURPOSES.

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-05-04P03:38 RCVD

Date

227564 227565

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lanny Blair Sr. + Aletha Blair

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 33 Grave 2 Row _____ Section R Division/Block MASON

Grave space & Care Fund 877.50

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

Recording and filing fee ..... _____

Sales taxes ..... _____

PAID
MAR 0 5 2004
MOUNT HOPE CEMETERY

Total Due 877.50

Paid receipt number MC 877.50

Balance due 0

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

Lanny Blair

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

_____
Signature of recorded holder of deed

x L. Blair Sr.
Signature

x 2911 Pony Dr.
Address

x Lake Havasu City, Az 86406
City Zip Code

x 928) 855-3421
Telephone

Invoice # _____

Work Order # E 18346

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-05-04P03:41 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Madge Carlile 227563

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 33 Grave 3 Row _____ Section R Division/Block Mes

Grave space & Care Fund 877.50

Additional spaces and care func ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due 877.50

Paid receipt number MC 877.50

Balance due 0

PAID

MAR 0 5 2004

MOUNT HOPE CEMETERY

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

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

Signature of recorded holder of deed

Madge L Carlile
Signature

450 E BRADLEY AVE #56
Address

EL CAJON CA 92021
City Zip Code

619 449-9772
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18347

REA-104 (7-96)

This information is available in alternative formats upon request.

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At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/8/04

227509

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marie Louisa A. Gilstrap

in a DD 2nd (Type of Burial Container) Funeral, date, time Sat 3/13 3:00

Church, Chapel, Graveside ; Bayview Mortuary.

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

Lot 1210 Grave 1 Row _____ Section 1 Division/Block 8

Grave space & Care Fund	E7723 ~~0~~
Additional spaces and care fund	Sat OT 660
Opening/Closing & Setup	413
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	
Total Due	1123.00
Paid receipt number	R 57290 1123.
Balance due	~~0~~

PAID

MAR 0 8 2004

MOUNT HOPE CEMETERY

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

Angela Gilstrap

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

Signature of recorded holder of deed

Signature

16292 GENTRY LANE

Address

HUNTINGTON BEACH 92647

City Zip Code

714 840 2445

Telephone

(619) 807 6184 cell

Invoice # _____

Acct. # _____

Dan

Work Order # E 18348

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

w/ Maurice

MT HOPE CEMETERY E-18348

GRAVE BLIND CHECK FORM

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

Horton						
		garrett	x	Koenig	Daniel	
		Planchon	smith			

Blind Check Initiated By: Pam Date: 3/8

Interment space for: Marialouisa Gulstrap

Interment Date: Sat 3/13 Time: 3:00

Div: 8 Sect: 1 ~~Blk~~/Row: ____ Lot: 1210 Gr: 1

Grave Laid out by: C Warren

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3-9-04

E-18348

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIALUISA	ANGELA	GILSTRAP DE GARCIAMORENO	12/05/1916	03/06/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANGELA BUA-GILSTRAP - DAUGHTER 16292 GENTRY LANE HUNTINGTON BEACH, CA 92647

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW CREM. & BURIAL, 7510 CLAIREMONT MESA BLVD. #109, SAN DIEGO, CA 92111	FD-1661	▶ [illegible]	03/03/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/09/2004 R.MARTINEZ	2404686 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT.HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-13-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-08-04A11:29 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Martin ⊗ 227574

in a ash vault (Type of Burial Container) Funeral, date, time AYD 3/9

Church, Chapel, Graveside AYD ; Family Mortuary.

All Funeral cars must arrive before ~~[illegible]~~ 5:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 94 Grave 2 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund B 9549	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	116 —
Burial Container	61 —
Handling Fees	66 —
Flower vases – ~~Marker setting fee~~	28 —
Recording and filing fee res set fee pd.	50 —
Sales taxes	4.73
Total Due 325	~~[illegible]~~ 325.73
Paid receipt number R 57291	325.73
Balance due	~~0~~

PAID

MAR 0 8 2004

MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

Pam H.

X Elizabeth Graffe
Signature

X 1717 Pine St
Address

X Ramona, Ca 92065
City Zip Code

X (760) 788-0331
Telephone

Invoice # _____

Work Order # E 18349

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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of Ervin

MT HOPE CEMETERY E-18349

GRAVE BLIND CHECK FORM

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

		milovich	Deering			
Reise			X	Amerman		
		Raymond				

Blind Check Initiated By: Pam Date: 3/8

Interment space for: Barbara Martin ⊗

Interment Date: _____ Time: AM

Div: 7 Sect: 11 Blk/Row: _____ Lot: 94 Gr: 2

Grave Laid out by: Robert B

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREL Date: 3-9-04

E-18349

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BARBARA	JANE	MARTIN	07/10/1929	02/11/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HAWTHORNE	LOS ANGELES	ROGER E. PRAFKE, BROTHER 1717 PINE STREET RAMONA CA 92065

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
BONHAM BROS. & STEWART MORTUARY 321 12TH ST RAMONA CA 92065	FD-568	▶	03/07/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 13.00	03/08/2004 J.Stewart	▶ 2404597

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 NO. FIGUEROA STREET LOS ANGELES CA 90012	PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St San Diego CA 92102	11B. DATE BURIED 3/9/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

At Rwd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-08-04P01:07 RCVD

Date _____

You are hereby authorized, and instructed, subject to your rules and regulations, to inter the remains of Alaric Bridgette 227590

in a ~~[illegible]~~ TS Vault Funeral, date, time Fri 3/12 10:00
Type of Burial Container

Church, Chapel, Graveside _____ ; Rayodale Mortuary.

All Funeral cars must arrive before ~~2:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 141 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	204 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R57292	1948.31
Balance due	0

PAID
MAR 0 8 2004
MOUNT HOPE CEMETERY

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

Marvin Shaw

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

03-08-04P01:07 RCVD
Signature of recorded holder of deed

X Marvin L Shaw
Signature

X 6115 Burian st
Address

X SD 92114
City Zip Code

X
Telephone

Invoice # _____

Work Order # E 18350

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18350

GRAVE BLIND CHECK FORM

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

			Red	Williams		
			X	Bates		
			DOS			

Blind Check Initiated By: Pam Date: 3/8

Interment space for: Clarice Bridgetto

Interment Date: Fri 3/12 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 141 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Place on square

Blind Check & Verified By: DARREYL Date: 3-9-04

E 18350

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Alaric	John	Bridgette	06/24/1971	03/05/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Veronica P. Shaw, Mother 453 Graves Avenue #21 El Cajon, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	03/08/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/09/2004 B. Campbell ▶	2404725

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3/12/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Vandermache	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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

03-08-04 02:40 NLVB

Date 227605

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lorraine ~~Veasley~~ Harmon

in a liner (Type of Burial Container) Funeral, date, time Mon 3/16 1:00

Church, Chapel, Graveside ; CA Burial Mortuary.

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

will be applied and billed to undersigned. _____

Lot 105 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57318	1833.20
Balance due	0

PAID

MAR 15 2004

MOUNT HOPE CEMETERY

3:33pm Arrival time

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

Danielle Harmon

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

_____
Signature of recorded holder of deed

X Danielle Harmon
Signature

X 5102 Logan Ave
Address

X S.D Calif 92114
City Zip Code

X (619) 264-8139
Telephone

Mortuary 2 Pay Pam

Invoice # _____

Work Order # E 18351

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-18351

GRAVE BLIND CHECK FORM

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

			Rogers	olavania		
	Matory	Veasley	X	Pritchett	Cassidy	
		Hedrot		Webb		

Blind Check Initiated By: tam Date: 3/8

Interment space for: Lorraine Harmon

Interment Date: Mon 3/15 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 105 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

flag on grave

Blind Check & Verified By: Robt Burn Date: 3/11/04

E 18351

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LORRAINE	VIRGINIA	HARMON	06/29/1929	03/07/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	STEFFON D. HARMON-SON 952 47TH STREET SAN DIEGO, CALIFORNIA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ Gloria Lynch	03/11/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/12/2004 G. LYNCH	▶ 2404976

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 3-16-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E - 18351

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: ~~264-3751~~
619)527-3400

DATE	YOUR ORDER NO.
03-19-2004	E-18351

TO: Danielle Harmon
5102 Logan ave
San Diego CA 92114

DESCRIPTION OF CHARGE	AMOUNT
Late arrival fee for Lorraine Harmon service. Arrived at 3:33 pm. Please submit within 14 days.	
Total	$165.00

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03:52 RCVD

Date 3/8/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARTHUR KETTINGHAM 210778

in a D.D. Crypt. (A) Funeral, date, time THURS. MARCH 11 210

Type of Burial Container

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Lot 26 Grave ~~26~~ P.C. 1 Row 7 Section 3 Division/~~Block~~ 2

Grave space & Care Fund E-6078	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup (2) OC	826.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	—
Recording and filing fees (2) R/F Fees	100.00
Sales taxes	32.40
Total Due	1,728.40
Paid receipt number R-57297	1,728.40
Balance due	0

PAID

MAR 0 9 2004

MOUNT HOPE CEMETERY

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

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

Paid late fee R-57300B

Signature of recorded holder of deed

Paulette ARRIVAL 3:20

x R. Marilyn Kettingham
Signature

x 8465 Abilene Terrace
Address

x La Mesa, Ca. 91942
City Zip Code

x 619-460-3872
Telephone

Invoice # _____

Work Order # E 18352

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY C-18352

GRAVE BLIND CHECK FORM

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

	Millard Woods	Woods	Robin Smith X	Stephen Ketteringham	Hosaka	HLOPOV
					VAIL	

Blind Check Initiated By: Paulette Date: 3/9/04

Interment space for: Arthur Ketteringham

Interment Date: 3-11-04 Time: 10:00 Chapel

Div: 2 Sect: 3 Blk/Row: ____ Lot: 26 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on grave

Blind Check & Verified By: [signature] Date: 3/9/04

E-18352

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARTHUR	ALEXANDER	KETTERINGHAM	09/19/1930	03/07/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	R. MARILYN KETTERINGHAM-WIFE 8465 ABILENE TERRACE LA MESA, CA. 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843	▶ [illegible]	03/10/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/10/2004 K JONES	2404822 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 3/4/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/9/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yu Quan 227587

in a Wilber Vault (Type of Burial Container) Funeral, date, time THURS. MARCH 11 12:00

Church, Chapel, Graveside _____ at Greenwood Mortuary. Goodbody - Po

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

will be applied and billed to undersigned. _____

Lot 147 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund E-10088 0

Additional spaces and care fund [redacted] 138.00

Opening/Closing & Setup 413.00

Burial Container Wilber Vault **PAID** From Greenwood

Handling Fees .....

Flower vases – Marker setting fee ..... MAR 09 2004 .....

Recording and filing fee 50.00

Sales taxes ..... MOUNT HOPE CEMETERY .....

Total Due 601.00

Paid receipt number R-57298 601.00

Balance due 0

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

Feng Quan

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

_____
Signature of recorded holder of deed

Feng Quan 227588
Signature

4143 VISTA GRANDE DR
Address

San Diego CA 92115
City Zip Code

(619) 265-1731
Telephone

Paulette

Invoice # _____

Work Order # E 18353

Acct. # _____

REA-104 (7-95)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18353

GRAVE BLIND CHECK FORM

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

	HU Jin Feng		wife VAN HAI			
	MIGUEL WONG	2-25-1925 may 5 2000	X			

Blind Check Initiated By: Paulette Date: 3/9

Interment space for: Yu Quan

Interment Date: 3/11/04 Time: 12:00 CHAPEL ARRIVE 1:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 147 Gr: 5

Grave Laid out by: Norman [illegible]

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

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3/10/04

E 18353

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YU	X	GUAN	03/28/1923	03/08/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GUAN S QUAN-SON 4143 VISTA GRANDE DR. SAN DIEGO CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY - 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115	FD 790	▶ [illegible]	03/10/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/10/2004 K JONES	2404820 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 3-11-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rud w/ Lorraine

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-09-04A11 Date 02 RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Monte 215311

In a TS Vault (Type of Burial Container) Funeral, date, time Tues 3/16 12:00

Church, Chapel, Graveside _____ ; Clairmont Mortuary.

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

will be applied and billed to undersigned. _____

Lot 184 Grave 1 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund	C 5353	0
Additional spaces and care fund		
Opening/Closing & Setup	E 13805	0
Burial Container		0
Handling Fees	DIP 2nd	0
Flower vases – Marker setting fee		
Recording and filing fee		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		0

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

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

_____
Signature of recorded holder of deed

Pam

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

per attached

Work Order # E 18354

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-09-04A11:08 RCVD

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

in a TS vault (type of burial container) Funeral, date, time Tues 3/16 12:00

Church Chapel Graveside Clairmont Mortuary.

All Funeral cars must arrive before ~~4:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 184 Grave 1 Row _____ Section 11 Division/Block 7

Grave space & Care Fund	C 6353
Additional spaces and care fund	
Opening/Closing & Setup	E 013805
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

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

Ike Samadi

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

Signature of recorded holder of deed

X [signature]
Signature
X 976 BROADWAY
Address
X EL CAJON, CA 92021
City Zip Code
X (619) 442 3441
Telephone
(619) (858) 442-1579

Invoice # _____

Acct. # _____

Work Order # E 18354

REA-104 (7-96)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18354

GRAVE BLIND CHECK FORM

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

		Vista				
			x	Neil	watanabe	
	overway					Ito

Blind Check Initiated By: Pam Date: 3/9

Interment space for: Michael Monte

Interment Date: Tues 3/16 Time: 12:00

Div: 7 Sect: 11 Blk/Row: ____ Lot: 184 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: [illegible] Date: 3/15/04

E-18354

91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MICHAEL	-	MONTE	01/05/1913	03/08/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	IKE SANADI-FRIEND 976 BROADWAY EL CAJON, CA. 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CLAIREMONT MORTUARY - 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117	FD 1126

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ K R Z	03/15/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	03/16/2004 K JONES	2405193 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 3-16-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-10-04A10:07 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pisith Chan 227597

in a liner (Type of Burial Container) Funeral, date, time Sat 3/13 1:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

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

Lot 70 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
~~Additional space and care fund~~ Sat OT	160 —
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	2493.20
Paid receipt number R57303	2493.20
Balance due	—

PAID

MAR 0 9 2004

MOUNT HOPE CEMETERY

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

Hay Ros

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

_____ Signature of recorded holder of deed

Pam

X hay Ros Signature

X 2626 Highland Ave #3 Address

X SAN Diego CA 92105 City Zip Code

X 619 7-262-2459 Telephone

Invoice # _____

Work Order # E 18355

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E- 18355

GRAVE BLIND CHECK FORM

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

			Campbell			
Mercado			X			Tyler
				Cook		

Blind Check Initiated By: Pam Date: 3/10

Interment space for: Pisith Chan

Interment Date: Sat 3/13 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 70 Gr: 5

Grave Laid out by: [illegible] (CHARLES)

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

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3/10/04

E-18354

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Pisith	-	Chan	12/01/1946	03/04/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Hay Ros-Wife 2626 Highland Ave. #3 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5880 EL Cajon Blvd., San Diego, CA 92115	FD-1357	▶ Gloria Lynch	03/11/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/11/2004 G. Lynch	2404910 ▶

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

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, California 92102	11B. DATE BURIED 3-13-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-10-04A11:51 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ella Wins 227615

in a DD Crypt 1st (Type of Burial Container) Funeral, date, time Fri 3/19 10:00

Church Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before ~~8:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 8 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... E 8906	—
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	49.60
Recording and filing fee	~~50~~ —
Sales taxes	32.40
Total Due	1265.00
Paid receipt number R 57346	1265.00
Balance due	—

PAID

MAR 19 2004

MOUNT HOPE CEMETERY

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

Mortuary 2 pay x

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

Signature of recorded holder of deed

Pam

Signature X

Address X See attached

City X Zip Code

Telephone

Invoice # _____

Work Order # E 18356

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-10-04A11:51 RCVD

Date _____

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

in a DD Crypt 1st (Type of Burial Container) Funeral, date, time Fri 3/19 10:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before ~~6:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 8 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	E 8906	~~0~~
Additional spaces and care fund		
Opening/Closing & Setup		413
Burial Container		418
Handling Fees		352
Flower vases – Marker setting fee		
Recording and filing fee		50
Sales taxes		32.40
Total Due		1265.40

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

Pam

Work Order # E 18356

Signature: Rachel E Wins

Address: X 4790 Solola Avenue

City: X San Diego, CA 92113 Zip Code

Telephone: X (619) 264-3597

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY E - 18356

GRAVE BLIND CHECK FORM

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

		Mitchell	X	Favors	Granquist
		Harris	Patrick	Patrick	

Blind Check Initiated By: Pam Date: 3/10

Interment space for: Ella Wins

Interment Date: Fri 3/19 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 8 Gr: 1

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3/16/[illegible]

E 18356

77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ella	Mae	Wins	11/23/1924	03/09/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Richard E. Wins, II, Husband 4790 Solola Avenue San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd, San Diego, CA 92102	FD-1329	▶ [signature]	03/11/2004

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

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		13.00	03/11/2004 B. Campbell	2404945 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-19-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rud w/ William

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-10-04P01:17 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catherine Phillips Ø 227595

in a Ash vault (Type of Burial Container) Funeral, date, time Sat 3/13 1:00

Church, Chapel, Graveside ; Family ~~Mortuary~~

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

will be applied and billed to undersigned. _____

Lot 33 Grave 1 Row _____ Section 4 Division/Block 4

Grave space & Care Fund	Ø
Additional spaces and care fund Sat OT	231 –
Opening/Closing & Setup	116 –
Burial Container	60 –
Handling Fees	60 –
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	4.73
Total Due	528.73
Paid receipt number MC	528.73
Balance due	Ø

PAID

MAR 10 2004

MOUNT HOPE CEMETERY

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

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

Signature of recorded holder of deed

Pam

X _____ Signature

X _____ Address

X See attached City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 18357

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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At Mud w/ William

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-10-04P01:17 RCVD

Date

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

In a Ash vault (Type of Burial Container) Funeral, date, time Sat 3/13 1:00

Church, Chapel, Graveside : Family Mortuary

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

Lot 33 Grave 1 Row _____ Section 4 Division/Block 4

Grave space & Care P...		
Additional spa...	Sat OT	231 -
Openin...		116 -
P...		6 -
	...ID	66 -
Rec...	...K 10 2004	50 -
Sales t...		4.73
	...MOUNT HOPE CEMETERY Total Due	528.73
	Paid receipt number MC	528.73
	Balance due	-0-

please sign & fax back (ca) 527 3403

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

Dail Phillips

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

Signature of recorded holder of deed

Paul

X Dail K Phillips
Signature

X 849 The ALAMEDA
Address

X Berkeley Ca 94707
City Zip Code

X 510 525-7985
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18357

REA-104 (7-98)

This information is available in alternative formats upon request.

(P) Printed on recycled paper

w/ William

MT HOPE CEMETERY E-18357

GRAVE BLIND CHECK FORM

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

Schmucker		Satterthwaite	x	Good Good		

Blind Check Initiated By: Pam Date: 3/10

Interment space for: Catherine Phillips ⊗

Interment Date: Sat 3/13 Time: 1:00

Div: 4 Sect: 4 Blk/Row: ____ Lot: 33 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag on

Agrees with Map: ☑ Yes ☐ No grave

Blind Check & Verified By: [signature] Date: 3/10/04

E-18357 #3960

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CATHERINE	MARY	PHILLIPS	06/23/1913	03/07/2004	F

5A. CITY OF DEATH: Auburn

5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE: Placer

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT:
Gail Phillips - Son
849 The Alameda
Berkeley, CA 94707

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
Chapel of the Hills
1331 Lincoln Way, Auburn, CA 95603

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD372

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶

8B. DATE SIGNED: 03/10/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: 13.00

9B. DATE PERMIT ISSUED: S. Silvis 03/10/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Fax Auth # 41160

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA:
11484 B Ave., Auburn, CA 95603

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA:
3851 Kearney Street
P.O. Box 85222, San Diego, CA 85222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 3-13-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Sacramento Memorial Lawn Crematory 6100 Stockton Blvd.,Sacramento,CA 95824	12B. DATE CREMATED 3-10-04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

Pre need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-10-04 P01:35 IN

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norwell Ward, 227583

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 90 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	E 5910	0
Additional spaces and care fund		
Opening/Closing & Setup		413 —
Burial Container		275 —
Handling Fees		204 —
Flower vases – Marker setting fee		
Recording and filing fee		36 —
Sales taxes		21.31
Total Due		948.31
Paid receipt number	R 57307	948.31
Balance due		0

PAID

MAR 10 2004

MOUNT HOPE CEMETERY

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

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

Signature of recorded holder of deed

Pam

X Norwell D. Ward
Signature

X 7511 Gribble St
Address

X San Diego, 92114
City Zip Code

X (619) 264-2449
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18358

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

At rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03 12 04A08:45 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys Bramlett 227451

in a TS Vault (Type of Burial Container) Funeral, date, time Fri 3/12 1:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 156 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	E 18287	0
Additional spaces and care fund		
Opening/Closing & Setup		0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording and filing fee		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		0

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

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

_____
Signature of recorded holder of deed

Pam

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attached

Work Order # E 18359

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03/12/04 08:45 RCVD

Date _____

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

in a TS Vault (Type of burial container) Funeral, date, time Fri 3/12 1:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

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

Lot 156 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	E 18287
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases—Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

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

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

Signature of registered holder of deed

Pam

Work Order # E 18359

X Wendell Bramlett
Signature

X 4220 OCEANVIEW BLVD.
Address

X SAN DIEGO, CA 92113
City Zip Code

X (619) 262-8479
Telephone

Invoice # _____

Acct. # _____

TEA-184 (7-98) This information is available in alternative formats upon request.

MT HOPE CEMETERY E 18359

GRAVE BLIND CHECK FORM

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

		Newsome		Taylor		
	Ruiz Bekton		x			
		Roberts				

Blind Check Initiated By: Paulette Date: 3/12

Interment space for: Glady Bramlett

Interment Date: 3/12/04 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 156 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

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

E-18359

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gladys	Odesia	Bramlett	06/29/1922	03/04/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SanDiego	San Diego	A. Wendell Bramlett, Son 4220 Oceanview Boulevard San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [signature]	03/09/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	03/11/2004 B. Campbell	2404891 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-12-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-12-04A08:57 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernestine Nolte 220887

in a TS Vault (Type of Burial Container) Funeral, date, time Mon 3/15 1:00

Church, Chapel, Graveside ; Reynsdale Mortuary.

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

Lot 3304 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... D 2083	Ø
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	275
Handling Fees	204
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	21.31
Total Due	963.31
	963.31
Balance due	Ø

PAID

MAR 15 2004

MOUNT HOPE CEMETERY

R-57320

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

Mortuary to pay

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

Signature of recorded holder of deed

X Signature

X Address

X City Zip Code

X Telephone

See attached

Invoice # _____

Work Order # E 18360

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-12-04A08:57 RCVD

Date

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

in a TS Vault Funeral, date, time Mon 3/15 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 300 will be applied and billed to undersigned.

Lot 3304 Grave 1 Row Section D 2083 Division/Block 10

Grave space & Care Fund	0
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	275
Handling Fees	204
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	21.31
Total Due	963.31
Paid receipt number	
Balance due	

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

Mortuary to pay

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

Signature of recorded holder of deed

X Beatrice Wilkins

X 6227 Capri Drive

X San Diego, CA 92120

X (619) 229-0217

Work Order # E 18360

Invoice #

Acct. #

RSA-104 (7-95)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18360

GRAVE BLIND CHECK FORM

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

		Bayless	Powell	Coleman		
	Russell	Wolte	X	TAZBAZ		
		Hemphill	Burnside	Brown		

Blind Check Initiated By: Pam Date: 3/12

Interment space for: Ernestine Wolte

Interment Date: Mon 3/15 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3306 Gr: 1

Grave Laid out by: Norman Fergusson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. [illegible] Date: 3/12/04

E-18360

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH-DAY-YEAR	3. DATE OF DEATH MONTH-DAY-YEAR	4. SEX
ERNESTINE	CATHERINE	NOLTE	04/12/1923	03/10/2004	FEMALE

5A. CITY OF DEATH: LOS ANGELES

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: LOS ANGELES

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT:
BEATRICE Q. [redacted]KINS - DAUGHTER
6227 CAPRI DRIVE
SAN DIEGO, CALIFORNIA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
[redacted]DERSON-KAGSDALE MORTUARY-5050 FEDERAL BLVD
SAN DIEGO, CALIFORNIA 92102

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD1329

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Lori Wilhem

8B. DATE SIGNED: 03/12/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 03/12/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Thomas W. [illegible]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA:
VITAL RECORDS-313 N. FIGUEROA ST. L-1
LOS ANGELES, CALIFORNIA 90012

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA:
SAN DIEGO CO. HEALTH DEPT.-3851 ROSECRANS STREET
SAN DIEGO, CALIFORNIA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY-3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 3-15-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-12-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Gakeranos 708032

in a ASH VAULT (Type of Burial Container) Funeral, date, time Tues, March 16 3:00

Church, Chapel (Graveside) ; Merkley Mitchell Mortuary.

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

will be applied and billed to undersigned. _____

ASH NICHE

Lot _____ Grave 5 Row 3 Section 2 Division/Block 9

E-11153

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

Paid in full 10/1995

TRUSTEE

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

x Maria L. Plummer
Signature

x 3128 JARVIS ST.
Address

x SAN DIEGO 92106
City Zip Code

x (619) 222-5693
Telephone

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

_____
Signature of recorded holder of deed

Paulette

Work Order # E 18361

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-18361

30440
167271

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ANNA	S.	GALCERAN	11/16/1924	02/13/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARIA PLUMMER - DPOAHC 3128 JARVIS ST. SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ [signature]	02/20/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1007b of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/20/2004 R.M. ZULLO	2403692 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 3-16-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY, 1625 GISLER AVENUE, COSTA MESA, CA 92626	12B. DATE CREMATED MAR 1 1 2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-12-04A11:44 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnny Jones 227619

In a DD Crypt 1st Funeral, date, time Fri 3/19 11:30

Type of Burial Container

Church, Chapel, Graveside _____ ; CA Burial NS Mortuary.

All Funeral cars must arrive before ~~6:00 p.m.~~ 3:00 of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 42 Grave 4 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	32.40
Total Due	2250.40
Paid receipt number 57330	2250.40
Balance due	0

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

Mortuary 2 pay

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

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

_____ Signature of recorded holder of deed

Pam

Invoice # _____

Work Order # E 18362

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-12-04A11:44 RCVD

Date 03/12/2004

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

in a DD Crypt 12 Funeral, date, time Fri 3/19

Church, Chapel, Graveside ; CA Burial NC Mortuary.

All Funeral cars must arrive before ~~6:00 p.m.~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 42 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	32.40
Total Due	2250.40

Paid receipt number _____

Balance due _____

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

Mortuary 2 pay

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

Signature of reputable tender of deed

Pam

Eula Jones
Signature

4852 LOGAN AVE #205
Address

SAN DIEGO, CA 92113
City Code

619-420-6085
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18362

REA-104 (7-98)

This information is available in alternative formats upon request.

If Check Is Not In your Office Wed. By 12 Noon Call me Claudette 619-229-2747 Thanks

MT HOPE CEMETERY E 18362

GRAVE BLIND CHECK FORM

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

			Davis	Paduska		
		Chapman	X	Ortiz		
		Steward	Steward	Steward		

Blind Check Initiated By: Pam Date: 3/12

Interment space for: Johnny Jones

Interment Date: Fri 3/19 Time:

Div: 12 Sect: 2 Blk/Row: ____ Lot: 42 Gr: 4

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3-17-04

E-18362 78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHNNY	-	JONES	08/18/1925	03/11/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ENOLA JONES-WIFE 4852 LOGAN AVE. #205 SAN DIEGO CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ Victoria Mitchell	03/16/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/16/2004 V MITCHELL	▶ 2405196

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 3-19-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-15-04A08:37 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carol Inouye ⊗ 227058

in a ash vault (Type of Burial Container) Funeral, date, time Mon 3/22 10:00

Church, Chapel, Graveside ; Community Mortuary.

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

will be applied and billed to undersigned. _____

Lot 5275 Grave 1 Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund E9793	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number _____	
Balance due	0

top center

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

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

_____
Signature of recorded holder of deed

Pam

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attached

Invoice # _____

Work Order # E 18363

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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At Ned

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-15-04A08:37 RCVD

Date _____

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

in a ash vault (Type of Burial Container) Funeral, date, time Mar 3/22 10:00

Church, Chapel, Graveside Community Mortuary.

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

will be applied and billed to undersigned. 3:00

Lot 5275 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... E 9793	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid-receipt number _____	
Balance due	0

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

John Inouye

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

_____
Signature of corporate holder of deed

Pam

X [signature]
Signature

X 1310 Felton St.
Address

X San Diego, Ca. 92102
City Zip Code

X (619) 236-1270
Telephone

Work Order # E 18363

Invoice # _____

Acct. # _____

PEA-104 (7-98)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18363

GRAVE BLIND CHECK FORM

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

		Yamauchi	Yamano			
	Apytiohoba		x	Khouri	Hatauye	
	Kawasaki	Kawamoto	Kawamoto	Kawamoto		

Blind Check Initiated By: Pam Date: 3/15

Interment space for: Carol Inouye

Interment Date: Mon 3/22 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 5275 Gr: 1

Grave Laid out by: Norman Ferguson

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

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. [illegible] Date: 3/18/[illegible]

E-18 363

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Carol	Hisami	Inouye	06/18/1922	02/03/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	John W. Inouye - Husband 1310 Felton Street SanDDiego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Community Mortuary 855 Broadway Chula Vista, CA 91911	FD1682	▶	02/04/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	02/04/2004 N. DePina	2402597 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 4470 Hilltop Dr. San Diego, CA 92102	11B. DATE BURIED 2-22-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services Inc. 2570 Fortune Way Vistap CA 92083	12B. DATE CREMATED 2/4/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

At Rend

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
03-15-04A08:44 RCVD
Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances Browning 134164

in a liner Funeral, date, time Thurs 3/18 2:30
Type of Burial Container

Church, Chapel, Graveside ; Pagsdale Mortuary.

All Funeral cars must arrive before ~~9:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 249 Grave 1 Row _____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund	C-2131 / 10405	0
Additional spaces and care fund		
Opening/Closing & Setup	E 18023	0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		
Recording and filing fee		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		0

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

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

_____
Signature of recorded holder of deed

Pam

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

Invoice # _____

Work Order # E 18364

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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W/ Henley

MT HOPE CEMETERY E-18364

GRAVE BLIND CHECK FORM

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

			Wilson	Carter		
	Scott		X		(copper)	
		Coleman	Epps	Campbell		
			Lincoln		st	

Blind Check Initiated By: Pam Date: 3/15

Interment space for: Frances Browning

Interment Date: Thurs 3/18 Time: 2:30

Div: 7 Sect: 14 Blk/Row: ____ Lot: 249 Gr: 1

Grave Laid out by: Norman Fe

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-15-04A08:44 RCVD

Date

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

in a liner (Type of Burial Container) Funeral, date, time Thurs 3/18 2:30

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before ~~4:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 249 Grave 1 Row ____ Section 14 Division/Block 7

Grave space & Care Fund	C-2131 / 10425	0
Additional spaces and care fund		
Opening/Closing & Setup	E18023	0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		
Recording and filing fee		0
Sales taxes		0
Total Due		0
Paid receipt number		
Balance due		0

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

Adelle Stevens

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

Signature of recorded owner of deed

Pam

X Adelle D Stevens

Signature

X 3568 Oceanview Blvd

Address

X San Diego, CA 92113

City Zip Code

X (619) 234-6914

Telephone

Invoice # ____

Work Order # E 18364

Acct. # ____

This information is available in alternative formats upon request.

E 18364

73

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Franced	-	Browning	11/29/1910	03/14/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego,	San Diego	Adelle O. Stevens, Sister 3568 Oceanview Blvd San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	03/16/2004

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/17/2004 B. Campbell	2405349 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3/18/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY

INTERMENT ORDER

At Need 10 Chairs

City of San Diego

Date 3/15/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Sturtevant 22343

in a D.D. Crypt (B) (Type of Burial Container) Funeral, date, time Friday March 19 10:00

Church, Chapel, Graveside ; Feathering Hill Mortuary. Paul

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

will be applied and billed to undersigned. _____

Lot 39 Grave 10 Row _____ Section 1 Division/Block 11

Grave space & Care Fund E-6190	0
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	—
Total Due	463.00
Paid receipt number Visa Card	463.00
Balance due	0

PAID

MAR 16 2004

MOUNT HOPE CEMETERY

03 14P12:38

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X (See attached)
Signature

X
Address

X
City Zip Code

X
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Paulette

Work Order # E 18365

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3/15/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Sturtevant

in a D.D. Crypt (B) Funeral, date, time Friday March 19 10:00

Church, Chapel, Graveside ; Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 39 Grave 10 Row ____ Section 1 Division/Block 11

Grave space & Care Fund E-6190	0
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	—
Total Due	463.00
Paid receipt number	—
Balance due	—

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Rosemary Perrott
Signature
X 11320 EL NOPAL ST
Address
X LAKESIDE 92040
City Zip Code
619 210-5983
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of owner of lot

Paulette

Work Order # E 18365

Invoice # ____

Acct. # ____

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18365

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Richards	Richards		
		Sturtevant	X			

Blind Check Initiated By: Paulette Date: 3/17

Interment space for: HELEN STURTEVANT

Interment Date: Fri. Mar 19th Time: 10:00

Div: 11 Sect: 1 Blk/Row: — Lot: 39 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3-17-04

E 18365

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Helen	Virginia	Sturtevant	10/17/1923	03/12/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Rosemary Parrott (Daughter) 11320 El Nopal St. Lakeside, CA 92040

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115	FD-1083

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ M. Dominguez	03/16/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	03/17/2004 M. Dominguez	2405295 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3 19-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F Kamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58323

12-15-04 14:57 PAID

Date: _____, 20 ____

From: Kimberly Jones Address: 17321 Tablero Ct. S.D. 92127

fifty - five 00/100 Dollars ($ 55 -)

in full Payment of re-set fee for Helen Sturtevant

Div 11 Sec 1 Blk/Row ____ Lot 39 Grave 10

Invoice No. E-18365

Acct. No. ____

W.O. ____

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

141

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 15 2004

MOUNT HOPE CE

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	55	00
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	55	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

At Ned

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-15-04A10:51 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald Hackner 227627

in a DD 1st (Type of Burial Container) Funeral, date, time Sat 3/20 11:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 126 Grave 5 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund		985
Additional spaces and care fund	Sat 6T	660
Opening/Closing & Setup		413
Burial Container		418
Handling Fees		352
Flower vases – Marker setting fee	M/C	138
Recording and filing fee		50
Sales taxes		32.40
Total Due		2910.40
Paid receipt number	M/C	2910.40
Balance due		0

PAID

MAR 15 2004

MOUNT HOPE CEMETERY

I hereby certify I am the ~~Petitioner~~ Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Pan

Petitioner Hackner
Signature

6319 Rustic Dr
Address

San Diego, Ca. 92139
City Zip Code

(619) 475-7448
Telephone

Invoice # _____

Work Order # E 18366

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-18366

DO NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

FORM 1 JUL 79 **214**

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle): HACKNER, DONALD HOUSTON	2. DEPARTMENT, COMPONENT AND BRANCH: NAVY-USN		3. SOCIAL SECURITY NO.: 314 32 4744
4. GRADE, RATE OR RANK: CMCS	4b. PAY GRADE: E8	5. DATE OF BIRTH: 15FEB38	6. PLACE OF ENTRY INTO ACTIVE DUTY: SAN DIEGO, CALIFORNIA
7. DUTY ASSIGNMENT AND MAJOR COMMAND: USS WADDELL (DDG-24)			8. STATION WHERE SEPARATED: PERSUPPDET, NAVSTA, SAN DIEGO, CA 92136
9. COMMAND TO WHICH TRANSFERRED: NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149			10. SGLI COVERAGE: AMOUNT $ 20,000 - ☐ NONE

9a. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles during periods of one or more years)

1532 - INSTRUCTOR
(12 YRS, 04 MOS)

12. RECORD OF SERVICE	YEAR (s)	MON (s)	DAY (s)
a. Date Entered AD This Period	74	JUN	26
b. Separation Date This Period	80	AUG	31
c. Net Active Service This Period	06	02	05
d. Total Prior Active Service	16	05	12
e. Total Prior Inactive Service	01	01	09
f. Foreign Service	00	00	00
g. Sea Service	02	10	19
h. Effective Date of Pay Grade	78	AUG	16
i. Reserve Oblig. Term. Date		N/A	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

NATIONAL DEFENSE SERVICE MEDAL//NAVY UNIT COMMENDATION//ARMED FORCES EXPEDITIONARY MEDAL//FIVE GOOD CONDUCT AWARDS//

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)

INSTRUCTOR BASIC COURSE "ALFA", 04 WEEKS, 14 JUL 76//

15. I CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM ☐ YES ☒ NO	16. HIGH SCHOOL GRADUATE OR EQUIVALENT ☒ YES ☐ NO	17. DAYS ACCRUED LEAVE PAID: 60

18. REMARKS

EFFECTIVE DATE OF TRANSFER TO FLEET RESERVE: 01 SEP 80

ENLISTMENT EXTENDED FOR 03 MONTHS ON 26 JUN 80. EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT.

19. MAILING ADDRESS AFTER SEPARATION: 6319 RUSTIC DR. SAN DIEGO, (SAN DIEGO) CA 92139	20. MEMBER REQUESTS COPY 6 BE SENT TO CA DIR. OF VET AFFAIRS ☒ YES ☐ NO
21. SIGNATURE OF MEMBER BEING SEPARATED: Donald Houston Hackner	22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN: M. G. HATCHER, LTJG, USN, SEPS OFF, BY DIRECTION

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION: TRANSFER TO FLEET RESERVE	24. CHARACTER OF SERVICE (Includes upgrades): HONORABLE	
25. SEPARATION AUTHORITY: BPM3855240/NP1830/2 DTD 16JAN80	26. SEPARATION CODE: NBD	27. REENLISTMENT CODE: RE2
28. NARRATIVE REASON FOR SEPARATION: TRANSFER TO FLEET RESERVE CLASS F6		
29. DATES OF TIME LOST DURING THIS PERIOD: NONE		30. MEMBER REQUESTS COPY 4 INITIALS

DD FORM 2-LF-000-2140

MEMBER-4

MT HOPE CEMETERY C 18 366

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	WOOD			Kongle		
			X			
				tulley		

Blind Check Initiated By: Pam Date: 3/18

Interment space for: Donald Hackner

Interment Date: Sat 3/20 Time: 11:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 126 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3/18/04

play on grave

E-18366

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DONALD	H	HACKNER	02/15/1938	03/02/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	PERTHYLEAN HACKNER-WIFE 6319 RUSTIC DRIVE SAN DIEGO CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ [signature]	03/11/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/11/2004 V MITCHELL	▶ 2404913

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGOCCA 92102	11B. DATE BURIED 3-20-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 3/15/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BRENDA MURRY 227625

in a LINER (Type of Burial Container) Funeral, date, time Friday Mar. 19 1:30

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 237 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees Trion	160.00
[redacted] MOUNT HOPE CEMETERY P.C.	189.63
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	2022.85 ~~1833.20~~ P.C.
Paid receipt number VisaCard	2022.83
Balance due	Ø

PAID

MAR 15 2004

COL B970530 9.2.04

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature: LaShawn Summerour

Address: 9858 Fieldthorn St.

San Diego 92127 Zip Code

(858) 312-4792 Telephone

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

Paulette

Invoice # _____

Work Order # E 18367

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 18367

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

					MORTA	
	LEWIS		X		BYRD	

Blind Check Initiated By: Paulette Date: 3/15/04

Interment space for: Brenda Murry

Interment Date: Friday March 19th Time: 1:30 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 237 Gr: 10

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag on grave

Blind Check & Verified By: [illegible] Date: 3-17-04

E-18367

54

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Brenda	Joyce	Murry	12/25/1949	03/13/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	LaShawn Summerour, Daughter 9858 Fieldthorn Street San Diego, CA 92127

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	03/16/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/16/2004 B. Campbell	2405203 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3/19/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

03-16-04A10:26 Date

227636

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TERENCE KELEG P.A.# 20041230

in a LINER (Type of Burial Container) Funeral, date, time TUES. MAR. 23 11:00

Church, Chapel, Graveside del only 584-7000 ; PREFERRED MARK JENKINS Mortuary.

All Funeral cars 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 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number CK# 272026	1833.20
Balance due	

Counter billed 3/[illegible]

PAID FEB 22 2005 MOUNT HOPE CEMETERY

4 MONTH CYCLE OR 90 DAYS PA DARNELL PRICE 858-694-3507

CK dtd 2-17-05

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____ Signature

_____ Address

_____ Signature of recorded holder of deed

_____ City _____ Zip Code

_____ Telephone

Paulette

Work Order # E 18368

Invoice # 396287

Acct. # 000952

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E- 18368

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

					Herrera	
					Winn	Wilson
			X			Coleman
				Fuller		

Blind Check Initiated By: Paulette Date: 3/18

Interment space for: Terence Keleg PA 20041230

Interment Date: 3-23-04 Time: 11:00 Delivery

Div: 12 Sect: 2 Blk/Row: ____ Lot: 49 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: [illegible]

E-18368

19

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Terence	-	Keeley	11/30/1924	FD 02/07/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Darnell Price _ Deputy P.A. 5201 -A Raffin Road San Diego, California 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Preferred Cremation and Burial 3094 El Cajon Boulevard Suite A San Diego, California 92104	FD-1746	▶ Mark Gal	03/12/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/15/2004	▶ Nancy L Bowman MC M

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, California 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, California 92103	11B. DATE BURIED 3-23-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDERS/SIGNATURE LINE THE REVERSE SIDE

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123

U.S. BANK
600 West Broadway, Suite 100
San Diego, CA 92101-3302

90-3582/1222

CHECK NO. 272026

DATE OF ISSUE 02/17/2005

ESTATE OF KEELEY, TERENCE
CASE NO. 20041230
PROBATE NO. P 187943
REASON FOR PAYMENT INVOICE# C396287, ACCT# 000952, BURIAL PLOT

ONE THOUSAND EIGHT HUNDRED THIRTY-THREE..... DOLLARS
TWENTY
and ..... CENTS

AMOUNT OF CHECK 1833.20

PAY TO THE ORDER OF
MOUNT HOPE CEMETERY
ATTN: PAULETTE
3751 MARKET ST.
SAN DIEGO, CA 92102

Patricia G. Brown

NOT PAYABLE AFTER SIX MONTHS FROM DATE OF ISSUE

INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW. ORIGINAL DOCUMENT CONTAINS HEAT SENSITIVE INK RUB RED IMAGE-DISAPPEARS WITH HEAT.

⑈272026⑈ ⑆122235821⑆161843219148⑈

C 18368

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need - No Charges

Date 3/16/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas Hardy JR & 227617 PG 19th

In a ASH Vault (Type of Burial Container) Funeral, date, time Thurs March 18 11:00

Church, Chapel, Graveside _____ ; HEATH HOWARD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 7 Grave 9 Row _____ Section 15 Division/Block 7

Grave space & Care Fund C-4232	0
Additional spaces and care fund	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number M/C payment	297.73
Balance due	0

PAID

MAR 16 2004

MOUNT HOPE CEMETERY

Fax 477-4130

I hereby certify I am the brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Paulette

X Michael E. Gordon
Signature

Muscatine IA 52761
Address

X 1683 Sweetland Acres Dr.
City Zip Code

563-263-3707
Telephone

Invoice # _____

Work Order # E 18369

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-18369

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Barfield	Smith	x	Thompson	Young	
			Wilkinson			

Blind Check Initiated By: Paulette Date: 3/16

Interment space for: Thomas Hardy Jr. ~~X~~

Interment Date: 3/18/04 Time: 11:00

Div: 7 Sect: 15 Blk/Row: ____ Lot: 7 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Paulette

Blind Check & Verified By: DARREYL Date: 3-16-04

E 18369

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
THOMAS	H	GORDON	01/29/1944	03/13/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Michael E. Gordon - Brother 1683 Sweetland Acres Lane Muscatine IA 52761

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER FD—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Heath Funeral Home 611 HIghland Ave., National City CA 91950	FD 807	▶	03/16/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/16/2004	▶ JE Nancy L Bowman MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Box 85222, San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. HOpe Cemetery, San Diego CA 92102	11B. DATE BURIED 3-19-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Lamada Crematory, El Cajon CA 92021	12B. DATE CREMATED 3/16/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-17-04A11:59 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Velma Wykes 227623 1:30

in a Liner (Type of Burial Container) Funeral, date, time FRI. Mar 19th ~~2:30~~

Church, Chapel, Graveside Delivery ; Community Mortuary. 4-26-2006

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 207 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund E-15519	0
Additional spaces and care fund	—
Opening/Closing & Setup	0
Burial Container Liner	0
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	0
Sales taxes	0
Total Due E-15519	0
Paid receipt number	—
Balance due E-15519	0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Paulette

Invoice # _____

Work Order # E 18370

Acct. # _____

REA-104 (7-96)

This information is available in ... ive formats upon request.

E-18370

Conservator Signature

3/24 called they will fax when they get it. PH

MT HOPE CEMETERY E 18370

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

MARKER on grave for Velma

	Sharp		X			
	Tavares				mcdonald	
			Kyle			

Blind Check Initiated By: Paulette Date: 3/17

Interment space for: Velma Wykes

Interment Date: 3/19/04 Time: 2:30 Delivery

Div: 12 Sect: 2 Blk/Row: ____ Lot: 207 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: M. Pendergraft Date: 3/18/04

E-18370

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Velma	Lucinda	Wykes	11/15/1903	03/16/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Barbara Allender - Conservator 6025 Dipper St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Community Mortuary 855 Broadway Chula Vista, CA 91911	FD1682	▶ [signature]	03/17/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/17/2004 N. DePina	2405341 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego County Dept. of Vital Records P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-19-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

w/ charles
At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-17-04P12:19 RCVD

Date _____

227655

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma Kraus Fri 3/26

in a DD 2nd (Type of Burial Container) Funeral, date, time ~~Tues 3/23~~ 12:30

Church, Chapel, Graveside ; PB Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 3662 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	E3762	0
Additional spaces and care fund		
Opening/Closing & Setup	E16900	0
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee	E16900	0
Sales taxes		
Total Due		0
Paid receipt number		
Balance due		0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Pam

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

See Void E18382

Invoice # _____

Work Order # E 18371

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

w/ Charles

MT HOPE CEMETERY E 18371

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				Gould		
	Cummings		X	Lykins	Sorenson	
		Kuhner	Kuhner			

Blind Check Initiated By: Pam Date: 3/17

Interment space for: Thelma Kraus

Interment Date: ~~Tue 3/23~~ Fri 3/26 Time: 12:30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3662 Gr: 1

Grave Laid out by: DARREYL

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Norman Persuden Date: 3-24-04

E-18371

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
THELMA	GERTRUDE	KRAUS	08/30/1917	03/16/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	JOSEPHINE E TROAN - SISTER 7111 BEAGLE ST SAN DIEGO CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEM-PACIFIC BEACH CHAPEL 4710 CASS ST SAN DIEGO CA 92109	FD815	▶	03/18/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/18/2004 E GALVEZ	2405405 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 3-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 3/17/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth Kuykendall 227634

in a Liner (Type of Burial Container) Funeral, date, time Tues. Mar. 23 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 126 Grave ~~8~~ 11 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases - Marker setting fee	138.00
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1971.20
Paid receipt number R-57328	1971.20
Balance due	0

PAID

MAR 17 2004

MOUNT HOPE CEMETERY

03-17-04P01:26 PAID

Check returned w/ mailed letter for payment plus NSF charge. Paid full R-57328

I hereby certify I am the stepson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Paulette (619) 475-5503

Signature [signature]

Address 11708 Amer Court

City Ft. Washington, MD Zip Code 20744

Telephone 301-203-3960

Invoice # _____

Work Order # E 18372

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY C -18372

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	Tulley		
	Reyes		Riskosky	Riskosky		
	Anderson SR					

Blind Check Initiated By: Ricciette Date: 3/19

Interment space for: Kenneth Kuy Kendall

Interment Date: 3/23 Time: 1:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 126 Gr: 11

Grave Laid out by: ____

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3/22/04

E 18372

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Kenneth	-	Kuykendall	01/27/1936	03/13/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Kendra J. Taylor, Daughter 3131 Valley Road, Space 28 National City, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [illegible]	03/18/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/22/2004 B. Campbell	2405595 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-23-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Lerque	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need Lot/Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Rozetta Newton 227601 Beneficiary

in a liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 63 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	985.00
Additional spaces and care fund	
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57331	458.00
Balance due	1375.20

PAID

MAR 27 2006

MOUNT HOPE CEMETERY

Deed mailed 3-28-06

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

227600

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: Hattie M. Taylor

Address: 244 26th St

City: S.D. CA 92102 Zip Code

Telephone: 619-239-6972

Pauletta

Work Order # E 18373

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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THE CITY OF SAN DIEGO

E-18373

February 17, 2006

Hattie M. Taylor
244 26th Street
San Diego, CA 92102

Dear Ms. Taylor

We received a payment in the amount of $57.00 for coupon #23. According to our records the balance due on your account is $61.20 and not $64.20. You overpaid on a previous payment.

Should you have any questions, please call me at (619) 527-3400.

Sincerely,

Paulette Crawford
Clerical Assistant II

PC:pc

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

C-18373

◀ ◀ ◀ REMOVE THIS STUB BEFORE CASHING M B6465-M2

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

TravelersExpress. MoneyGram.

INTERNATIONAL MONEY ORDER

03/23/06 75-53 919

4771224142

MONEY ORDER

#-18373

IMPORTANT - SEE BACK BEFORE CASHING

PAY TO THE ORDER OF: Mt. Hope Cemetery

PURCHASER, SIGNER FOR DRAWER: Rozetta Newton

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS: 244 26th St. S.D

Payable Through WF National Bank South Central Faribault, MN

ISSUER/DRAWER: TRAVELERS EXPRESS COMPANY, INC. CA. 92102

TO AUTHENTICATE RUN PAPER

****61 25

SIXTY-ONE ******

DOLLARS 25 CENTS

95 963428570016

0559501082127142

⑆091900533⑆477 12241423⑈ 90

4771224142 3

◀ ◀ ◀ REMOVE THIS STUB BEFORE CASHING

Pin 227600 Beneficiary: Rozetta Newton Contract Expires March 2006 payments $57.00 E-18373

Payment Due 18th each month

TAYLOR, HATTIE M. 244 26th Street SD 92102 (619)239-6972

				DEBIT	CREDIT	BALANCE
03-17-04	Opener pre-need lot and trust to include open/close, liner, handeling fee, recording fee and tax w/ 25 % down		11,2,63,9///R-57331	985.00 848.20	458.00	1375.20
04-22-04	R-57472	coupon 1	April 04 197 - 208		57.00	1318[illegible]
05-25-04	R-57588	#2	May 04		57.00	1261.20
06-17-04	R-57668	3	June 04	848.20 trust	57.00	1204.20
7-23-04	57831	4	July 04	@ 6086 -	57.00	1147.20
8/18/04	57914	5	Aug 04		57.00	1090.20
9/17/04	58022	6	Sept 04		* 57.00	1033.20
10-21-04	58156	7	Oct 04		57.00	976.00
11-19-04	58250	8	Nov 04		57.00	919.20
12-16-04	58329	9	Dec 04	~~128~~ ~~left to 25%~~	57.00	862.20
1-19-05	58425	10	Jan 05	to trust	57.00	805.20
2-22-05	58542	11	Feb 05	Rem.	57.00	748.20
3/18/05	58649	12	Mar 05		57 -	691.20
4/18/05	58751	13	April 05		57 -	634.20
5/18/05	58855	14	May 05		57 -	577.20
6/16/05	R-58970	15	June 05		57 -	520.[illegible]
7/19/05	R-59375	16	July 05		60 -	460.20
8/19/05	R-59095	17	Aug 05		57 -	403.20
9/21	9-14-05	18	Sept 05	(over)	57 -	346.20

E-18373

			DEBIT	CREDIT	BALANCE
10-18-05	R-59328	#19 Oct 05		$57.00	$289.20
11-17-05	R-59413	#20 Nov 2005		57 -	232.20
12-19-05	P-000022	#21 Dec 2005		57 -	175.20
[illegible]-06	P-00067	#22 Jan 2006		57 -	118.20
2-17-06	P-00133	# 23 Feb 06		57 -	61.20
3-27-06	P-00198	# 24 Mar 06		61.25	
				Credit of 5¢	

PAID

MAR 27 2006

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57472

Date: april 22, 20 04

From: Rozetta Newton Address: 244 26th st SD 92102

Dollars ($ 57.00)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E18373

Acct. No.

W.O.

BALANCE DUE 1318.20

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 22 2004

MOUNT HOPE CEMETERY

ISSUED BY Tam Hard

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	57	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

MO

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57588

Date: May 25, 20 04

From: Hattie MacTaylor Address: 244 N. 26th St. SD 92102

Dollars ($ 57.00)

in part Payment of pre need

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E18373

Acct. No.

W.O.

BALANCE DUE 1261.20

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑ 1136

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 25 2004

MOUNT HOPE CEMETERY
ISSUED BY Dan Hoke

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	57 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57668

Date: June 17, 20 04

From: Roxytha Newton Address: 244 26th St. SD 92102

Dollars ($ 57.00)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E 18373

Acct. No.

W.O.

BALANCE DUE 1004.00

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓ MO

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 17 2004

MOUNT HOPE CEMETERY

ISSUED BY Dan Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	57 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57831

Date: July 23, 2004

From: Hattie Taylor Address: 244 20th St. SD 92102

Dollars ($ 57.—)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E18373

Acct. No.

W.O.

BALANCE DUE 1147.20

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ L85182

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 23 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hood

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	57 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58022

Date: Sept 17, 20 04

From: Mrs. Rogetta Newton Address: on record

Fifty and Seven Dlls Dollars ($ 57.00)

in part Payment of Pre-need for Hattie M. Taylor / Rogetta Newton

Div 11 Sec 2 Bldg Row Lot 63 Grave 9

Invoice No. E-18373

Acct. No.

W.O.

BALANCE DUE $ 1033.20

Pre-Need Lot X At Need On Acct

Pre-need Trust X Cash Check X

M.O. 4422067 6226

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 17 2004

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007	12	00
20% Sales Care	77184		
80% Sales	100	~~57~~	~~00~~ 45.00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57914

Date: August 18, 2004

From: Hattie M. Taylor Address: on record

Fifty-Seven and 00 Dollars ($ 57.00)

in 1 part Payment of Pre-need lot + trust account.

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E-18373

Acct. No.

W.O.

BALANCE DUE $1,090.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

AC-212 (Rev. 4-04) 4422 076011

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 17 2004

ISSUED BY Paulette C MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	12 00
80% Sales	100	45 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58156

Date: Oct 21, 20 04

From: Hattie Saylor Address: 244 26th st. SD 92102

Dollars ($ 57.00)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E 18373

Acct. No.

W.O.

BALANCE DUE 976.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ MO

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 21 2004

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	57 00
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58250

Date: Nov. 19, 20 04

From: Rosetta Newton Address: 244 26th St. S.D. CA. 92102

fifty-seven 00/100 Dollars ($ 57 -)

in part Payment of pre-need lot and trust for Hattie M. Taylor

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E-18373

Acct. No.

W.O.

BALANCE DUE 919 00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 19 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	57	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58542

Date: 2/22, 20 05

From: Mrs. Rozetta Newton Address: on record

Fifty-Seven and 00 Dollars ($ 57-)

in Part Payment of Pre-need lot & trust.

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E-18373

Acct. No.

W.O.

BALANCE DUE $ 74820

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X MO 4592798567

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 22 2005

P Crawford

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	57-
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57-

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58425

Date: Jan 19, 2005

From: Hattie Taylor Address: 244 26th. St. S.D.

fifty-seven 00/100 Dollars ($ 57 -)

in part Payment of pre-need lot/trust

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E-18373

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 1202

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 19 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	57	-
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	57	-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58649

Date: 3-18, 20 05

From: Roretta Newton Address: on record

Fifty-Seven Dollars ($ 57—)

in part Payment of Pre-need lot, trust.

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E-16373

Acct. No.

W.O.

BALANCE DUE $ 691.20

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 4-04) 4592798654

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 18 2005

MOUNT HOPE CEMETERY

ISSUED BY PCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	57
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58751

Date: 4/18, 20 05

From: Rozetta Newton Address: on record

Fifty - seven 00/00 Dollars ($ 57-)

in Part Payment of Pre-need lot & trust, account.

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E- 18373

Acct. No.

W.O.

BALANCE DUE $ 634.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 4592798804

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 18 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	57.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57.—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58855

Date: 5/18, 2006

From: Rozetta Newton Address: On record

Fifty-Seven Dollars ($ 57)

in part Payment of Pre-need Lot / Trust

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E-18373

Acct. No.

W.O.

BALANCE DUE $577.20

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

MO 46001110118

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 17 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	57 — PC
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	57 —
Trust	77186	
Sales Tax	60101	
	76390	
TOTAL PAID	$	57 —

58970

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 6/16, 20 05

From: R. Newton Address: on record

Fifty - Seven Dollars ($ 57 —)

in Part Payment of Pre-need Trust

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E-18373

Acct. No.

W.O.

BALANCE DUE $ 520.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

460R1104150

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 16 2005

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	57 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT-HOPE CEMETERY
(619) 527-3400

59095

Date: 8/19, 2005

From: Rozetta Newton Address: on record

Fifty-Seven and 00 Dollars ($ 57.-)

in part Payment of Coupon payment #17 on Pre-need Lot/Trust

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E-18373

Acct. No.

W.O.

BALANCE DUE $ 403.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 4607600080

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 19 2005

MOUNT HOPE CEMETERY

ISSUED BY PCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	57 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59185

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Sept. 14 20 05

From: Ms Rozetta Newton Address: 244 26th St SD CA 92102

Fifty seven Dollars ($ 57)

in part Payment of Pre-need trust

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E-18373

Acct. No.

W.O.

BALANCE DUE $1346 20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 4-04) 4606160003 19

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 14 2005

MOUNT HOPE CEMETERY

ISSUED BY Pauzard

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	57 —
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400 12-16-04 14:20 PAID

58329

Date: _____, 20 ____

From: Hattie Taylor Address: 244 26th st.

fifty-Seven ~~00/100~~ Dollars ($ 57)

in part Payment of pre-need lot and trust

Div 11 Sec 2 Blk/Row ____ Lot 63 Grave 9

Invoice No. E-18373

Acct. No. ____

W.O. ____

BALANCE DUE 862 00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 1149

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 16 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	57	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59375

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7/19, 2005

From: Ms. Roretta Newton Address: on record

Sixty and 00 Dollars ($ 60.—)

in Part Payment of Pre-need lot/trust.

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E 18373

Acct. No.

W.O.

BALANCE DUE $ 460.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04) 4de 760004

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 19 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	60 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	60. —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59328

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/18, 20 05

From: Rozetta Newton Address: On record

fifty - Seven and 00 Dollars ($ 57 —)

in part Payment of Pre-need lot / trust

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E 18373

Acct. No.

W.O.

BALANCE DUE $289.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check ☐

AC-212 (Rev. 4-04) MO 46L 76005354

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 18 2005

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	57 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 —

R-59413

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 11/17, 20 05

From: Hattie Taylor Address: on record

Fifty - Seven Dollars ($ 57 —)

in part Payment of Pre-need lot + trust.

Lot 63 Grave 9 Row Section 2 Division 11 ~~Block~~

Invoice No. ~~E 15313~~ 18373

Acct. No.

W.O.

BALANCE DUE $ 232.20

Pre-Need Lot ( ) At Need ( ) On Acct ( )

Pre-need Trust ( ) Cash ( ) Check (X)

AC-212 (Rev. 10-02) M/O. 726

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 17 2005

MOUNT H...

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	57 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00002

Date: 12/19, 20 05

From: Hattie Taylor Address: On record

Fifty-Seven Dollars ($ 57 —)

in part Payment of Pre-need

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E-18373

Acct. No.

W.O.

BALANCE DUE $ 175 20

☑ Pre-Need Lot ☑ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 19 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulode

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	57 —
Trust	77186	
TOTAL PAID		$ 57 —

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00133

Date: 2/17, 20 06

From: Ms. Rozetta Newton Address: on record

Fifty-Seven and 00 Dollars ($ 57.—)

in part Payment of Pre-need lot, trust

Div 11 Sec 2 Blk/Row Lot 63 Grave 9

Invoice No. E18373

Acct. No.

W.O.

BALANCE DUE $ 61.20

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 17 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	57.—
Trust	77186	
TOTAL PAID		$ 57.—

AC-212 (11-05)

This information is available in alternative formats upon request.

4683069093

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00067

Date: 1/18, 2006

From: Hattie M. Taylor Address: on record

Fifty-Seven Dollars ($ 57—)

in _____ Payment of _____

Div 11 Sec 2 Blk/Row _____ Lot 63 Grave 9

Invoice No. E-18373

Acct. No. _____

W.O. _____

BALANCE DUE $ 118.20

~~#4683069040~~

☐ Pre-Need Lot ☒ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY P Aulitt

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	57—
Trust	77186	
TOTAL PAID		$ 57—

AC-212 (11-05)

This information is available in alternative formats upon request.

Pro Rec Lot + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/18/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pamela J. Lollis + Wayne F. Lollis

in a TS. + Ash (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1064 Grave 1 Row _____ Section 1 Division/Block 8

Grave space & Care Fund		1535 —
Additional spaces and care fund		~~529~~
Opening/Closing & Setup	Ⓧ + reg ok	529 —
Burial Container	Ash + TS	~~336~~
Handling Fees	Ash + TS	270 —
Flower vases – Marker setting fee		
Recording and filing fee	x 2	100 —
Sales taxes	Ash + TS	26.04
	Total Due	2796.04
	Paid receipt number MC	699. —
	Balance due	2097.04

PAID

JAN 3 1 2006

pd in full 1/31/06 P-00089

MOUNT HOPE CEMETERY

I hereby certify I am the Self + Spruse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Pam

x Pamela J. Lollis
Signature

x 3549 MT. Ariane DR.
Address

x San Diego CA 92111-3802
City Zip Code

(858) 279-6705
Telephone

Invoice # _____

Work Order # E 18374

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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227610 Two yr contract
contract Expires March 2006

monthly $87.00
Final $96.04

E-18374
one 18th of each month

LOLLIS, WAYNE & PAMELA 3549 Mt Ariane Dr SD 92111 (858)279-6705

		DEBIT	CREDIT	BALANCE
03-18--04	Opened pre-need Lot and trust to include 1 full open/close 1 ash, TS vault and ash vault, handeling fees for both, 2 recording fees and tax on both Div 8 Sec 1 Lot 1066 Gr 1	2796.04		
	25 % down by M/C		699.00	2097.04
4-26 04	R-57483 coupon	1 April 2004	87.00	2010.04
6-8 04	57636	2 May 04	87.00	1923.04
6-21 04	57688	3 June 04	87.00	1836.04
7-22 04	R-57826	4 July 04	87.—	1749.04
9-7 04	57964	5 Aug 04	87.—	1662.04
9-28 04	58059	6 Sept 04	87.—	1575.04
10-27-04	58170	7 Oct 04	87.—	1488.04
11-29-04	58268	8 Nov 04	87.—	1401.04
12-22-04	58348	9 Dec 04	87.—	1314.04
1-29-05	R-58454	10 Jan 05	87.—	1227.04
2/23/05	58548	11 Feb 05	87.—	1140.04
3/23/05	58662	12 March 05	87.—	1053.04
5/6/05	58821	13 April 05	87.—	966.04
5/18/05	58857	14 May 05	87.—	879.04
6/28/05	59005	15 June 05	87.—	792.04
8-1-05	R-59413	16 July 05	87.—	705.04

mailing to trust

payment due 18th of each month — Monthly - $87.00 Final - 96.04 — E - 18 374

Lollis Wayne & Pamela

Div 8 Section 1 Lot 10066 Gr 1				DEBIT	CREDIT	BALANCE
Balance Forwarded						705.04
8/18/05	Coupon #17		aug 05		87.00	618.04
9/23/05	coupon # 18		Sept 05		87.00	531.04
10/25/05	19	R- 59335	oct 05		87 —	444.04
12-2-05	20	R- 59463	NOV. 2005		87 —	357.04
1-18-06	P-00066 # 21 & 22		Dec 05/Jan 06		174 —	183.04
1-31-06	P-00089	23+24	Feb + Mar 06		183.04	Ø

PAID

JAN 31 2006

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00089

Date: January 31, 2006

From: Pamela & Wayne Address: 3549 Mt. Ariane Dr. SD Ca 92111

One hundred Eighty-Three and 04/00 Dollars ($ 183.04)

in full Payment of 2 final payments on pre-need Lot & trust.

Div B Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E-18374

Acct. No.

W.O.

BALANCE DUE 0

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 9 47

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 3 1 2006

MOUNT HOPE

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	183.	04
Trust	77186		
TOTAL PAID		$ 183.	04

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P. 00066

Date: 1/18, 20 06

From: Pamela J. Collis Address: on record

One Hundred Seventy-Four and 00 Dollars ($ 174-)

in part Payment of Pre-need lot + trust.

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E-18374

Acct. No.

W.O.

BALANCE DUE $ 183.04

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 5935

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	174. —
Trust	77186	
TOTAL PAID	$	174 —

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57483

Date: April 26 20 04

From: Pam Pollis Address: 3549 Mount Aliane Dr. SD 92111

Dollars ($ 87.00)

in part Payment of pre-need

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E 18374

Acct. No.

W.O.

BALANCE DUE 2010.04

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 5481

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 26 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	87	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	87	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59413

MOUNT HOPE CEMETERY
(619) 527-3400

Date: August 2, 20 05

From: Pamela J. Lollis Address: on record

EIGHTY-SEVEN AND 00 Dollars ($ 87—)

in part Payment of Pre-need lot/Trust.

Div B Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E-16374

Acct. No.

W.O.

BALANCE DUE $ 705.04

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 2659

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
PAID
JUL 29 2005
AUG 01 2005
MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	87—
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	87.—

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58548

Date: February, 2005

From: Pamela Wayne Ellis Address: on record

Eighty-Seven and 00 Dollars ($ 87.00)

in Part Payment of Pre-need lot & trust.

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E-18374

Acct. No.

W.O.

BALANCE DUE $ 1140.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

AC-212 (Rev. 4-04) 2601

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 23 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	87.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	87.00

59005

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 6/28, 20 05

From: Lollis, Wayne Address: on record

Eighty - Seven Dollars ($ 87 —)

in part Payment of Pre-need lot & trust.

Div 8 Sec 1 Blk/Row Lot 1066 Grave

Invoice No. E 18374

Acct. No.

W.O.

BALANCE DUE $ 792.04

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2651

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 2 7 2005

MOUNT HOPE CEMETERY

ISSUED BY DCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	87 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	87 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58454

Date: 1/29, 2005

From: Pamela Lollis Address: on record

Eight Seven and 00 Dollars ($ 87.00)

In part Payment of Pre-need on lot/trust & 1 ash vault.

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E-18374

Acct. No.

W.O.

BALANCE DUE $ 1227.04

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2578

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 29 2005

MOUNT HOPE CEMETERY

ISSUED BY Pcrawford

CREDIT	67007	
20% Sales Care	77184	53.00
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	34.00
Trust	77186	
Sales Tax	80101	
	78390	
TOTAL PAID	$	87.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58857

Date: 5/18, 20 05

From: P. Lollis Address: On record

Eighty - Seven Dollars ($ 87.00)

part in E-18374 Payment of Pre-need.

Div 8 Sec 1 Blk/Row Lot 10 66 Grave 1

Invoice No. E-18374

Acct. No.

W.O.

BALANCE DUE $879.04

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [X] Cash [ ] Check [X] 5790

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY DCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	87.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	87.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400 12-22-04 13:00 PAID

58348

Date: _____, 20 ____

From: Pamela ~~Lt~~ M.V. Lollis Address: 3549 Mount Ariane Dr.

eighty-seven 00/100 Dollars ($ 87 -)

in part Payment of pre-need lot & trust

Div 8 Sec 1 Blk/Row ____ Lot 1066 Grave 1

Invoice No. E-18374

Acct. No. ____

W.O. ____

BALANCE DUE 1,314 04

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2548

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 22 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	87	-
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	87	-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58268

Date: Nov. 29, 20 04

From Pamela Lollis Address: 3549 Mt. Ariane Dr. S.D. 92111

eighty seven ~~00~~ Dollars ($ 87 —)

in part Payment of pre-need lot and trust

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E-18374

Acct. No.

W.O.

BALANCE DUE 1401 04

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 2534

AC-212 (Rev 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 2 9 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	87	—
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	87	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58059

Date: Sept 28, 2004

From: Pam Collis Address: 3549 Mount Ariane dr. 92111

Dollars ($ 87.00)

in part Payment of pre need

Div 8 Sec 1 Blk/Row Lot 1064 Grave 1

Invoice No. E18374

Acct. No.

W.O.

BALANCE DUE 1575.04

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 2001

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 28 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	87	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	87	00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58170

Date: 10/27, 20 04

From: Pamela J. Lollis Address: 3549 Mount Ariane Dr.

eighty-seven 00 Dollars ($ 87)

in part Payment of pre-need lot and trust

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E-18374

Acct. No.

W.O.

BALANCE DUE 1,488 04

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 2512

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 27 2004

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007		
20% Sales Care	77184	80	—
80% Sales	100		
of Lots	77184	7	—
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	87	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57964

Date: Sept 1, 20 04

From: Pam Phillips Address: 3549 mt Ariane Dr SD 92111

Dollars ($ 87.00)

in part Payment of pre need

Div 8 Sec 1 Blk/Row Lot 10666 Grave 1

Invoice No. E 18374

Acct. No.

W.O.

BALANCE DUE 16662.04

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 01 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	87	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	87	00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

5800

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57636

Date: June 8, 20 04

From: Pam Collis Address: 3549 Mount Ariane dr. SD 92111

Dollars ($ 87.00)

in part Payment of pre need

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E 18374

Acct. No.

W.O.

BALANCE DUE 1923.04

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 0 8 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebd

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	87	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	87	00

AC-212 (Rev. 4-04) 5660

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57826

Date: 7/23, 20 04

From: Pam + Wayne Collins Address: on record

Eighty-Seven and 00 Dollars ($ 87.00)

in part Payment of Pre-need lot/trust.

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E-18374

Acct. No.

W.O.

BALANCE DUE $ 1749.04

Pre-Need Lot X At Need On Acct

Pre-need Trust X Cash Check 5530

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 22 2004

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	87.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	87.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59335

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 10/25, 20 05

From: Pamela Collis Address: on record

Eighty-seven and 00 Dollars ($ 87—)

in Part Payment of Pre-need Lot/Trust

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E-18374

Acct. No.

W.O.

BALANCE DUE $444.04

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

5877

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 24 2005

MOUNT HOPE CEMETERY

ISSUED BY D Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	87—
Sales Tax	60101	
	78390	
TOTAL PAID	$	87—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619)-527-3400

58662

Date: 3/24, 20 05

From: P. Fallis Address: on record

Eighty-Seven and Dollars ($ 87.00)

in full Payment of Pre-need lot / Trust - Coupon # 12

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E - 18374

Acct. No.

W.O.

BALANCE DUE $ 105.04

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

2613

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 23 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	87 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	87 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58821

Date: May, 20 05

From: Wayne & Pamela Lollis Address: on record

EIGHTY-SEVEN Dollars ($ 87-)

in part Payment of Pre-need Lot + trust

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E-18374

Acct. No.

W.O.

BALANCE DUE $ 966.04

Pre-Need Lot X At Need X On Acct

Pre-need Trust Cash Check X

LOLLIS

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 06 2005

MOUNT HOPE

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	87.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	87.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57688

Date: June 21 20 04

From: Pam Phillips Address: 3549 Mt. Aliane dr. SD 92111

Dollars ($ 87.00)

in part Payment of pre need

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E 18374

Acct. No.

W.O.

BALANCE DUE 1836.04

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

5675

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUN 21 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	87 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	87 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59092

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8/18, 20 05

From: Pamela J. Collis Address: on record

EIGHTY-SEVEN 00 Dollars ($ 87—)

in Part Payment of Pre-need lot/Trust.

Div 8 Sec 1 Blk/Row Lot 10606 Grave 1

Invoice No. E-18374

Acct. No.

W.O.

BALANCE DUE $ 618.04

Pre-Need Lot X At Need [ ] On Acct [ ]

Pre-need Trust X Cash [ ] Check X

5832

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 18 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	87.—
Trust	77186	
Sales Tax	60101	
	76390	
TOTAL PAID	$	87.—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59215

Date: September 23 20 05

From: Wayne + Pamela Collis Address: on Record

Eighty Seven Dollars ($ 87.00)

in part Payment of Pre-need lot, trust.

Div 8 Sec 1 Blk/Row Lot 1066 Grave 1

Invoice No. E18374

Acct. No.

W.O.

BALANCE DUE 531.04

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2692

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 23 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	87.—
Sales Tax	60101	
	78390	
TOTAL PAID	$	87.—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

R- 59463

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 12/6 , 20 05

From: P. Lollis Address: on record

EIGHTY - SEVEN Dollars ($ 87 —)

in Part Payment of Pre-need lot/trust Coupon # 20

Lot 1066 Grave 1 Row Section 1 Division 8 ~~Block~~

Invoice No. E 18374

Acct. No.

W.O.

BALANCE DUE $ 352.04

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ☒ 5912

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 05 2005

MOUNT HOPE CEMETERY

ISSUED BY P Campos

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	87 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	87 —

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

Dis.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-18-04 Date 03:06 RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Wilson 192219

in a _____ Funeral, date, time Fri 3/19 9:00
Type of Burial Container

Church, Chapel, Graveside _____ Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division ~~Lot~~ MAS Section ~~Grave~~ A Bldg/Row ~~Row~~ _____ Lot ~~Section~~ 6 1/2 grave ~~Division/Block~~ 1

Grave space & Care Fund		
Additional spaces and care fund	Dis interment	440 —
Opening/Closing & Setup		
Burial Container		
Handling Fee		
Flower vases – Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		440 —
Paid receipt number	R 57335	440 —
Balance due		0

PAID

MAR 18 2004

MOUNT HOPE CEM.

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Stephen Wilson 227612

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City See attached Zip Code

Telephone _____

Invoice # _____

Work Order # E 18375

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

Dis interment

MT HOPE CEMETERY E-18375

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Wier					
		Stepanek	X	Ryan		
		Nye		Jefferis		

Blind Check Initiated By: Pam Date: 3/18

Interment space for: Robert Wilson

Interment Date: Fri 3/19 Time: 9:00

Div: MAS Sect: A Blk/Row: ____ Lot: 6½ Gr: 1

Grave Laid out by: ____

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: Norman Ferguson Date: 3-19-04

D194244342
STEPHEN R WILSON
5900 BOWLING DR
FT WORTH, TX 76148 3515

-W A R N I N G-THIS IS PART OF THE OFFICIAL RECORD--D O N O T D E S T R O Y

I N D E X E D -- T A R R A N T C O U N T Y T E X A S
S U Z A N N E H E N D E R S O N -- COUNTY CLERK
O F F I C I A L R E C E I P T

T O: STEPHEN OR ALLENE WILSON

RECEIPT NO	REGISTER	RECD-BY	PRINTED DATE	TIME
195033235	DR91	T003957	11/08/94	16:11

	INSTRUMENT	FEECD	INDEXED	TIME	
1	D194244342	WD	941108	16:11	CK 6456

T O T A L : DOCUMENTS: 01 F E E S: 21.00

B Y: _____

ANY PROVISION WHICH RESTRICTS THE SALE RENTAL OR USE OF THE DESCRIBED REAL PROPERTY BECAUSE OF COLOR OR RACE IS INVALID AND UNENFORCEABLE UNDER FEDERAL LAW.

C-18375

E 18375

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Robert Wesley Wilson

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Robert W. Wilson 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 Robert W. Wilson 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 Robert W. Wilson at Mt. Hope Cemetery is identified as:

Division: Mason Section: A Blk/Row: _____ Lot: 6½ Grave: 1
Receiving Cemetery: Green wood City: San Diego ST: Ca
Misc Infor:

We acknowledge that we have been advised that the remains of Robert W. Wilson may not be present and/or intact.

Stephen R Wilson	Brother
Stephen R. Wilson	Brother
SIGNATURE(S)	RELATION TO DECEASED

WITNESSED BY

03/16/2004
DATE

CONTRAN ROYER MARTINEAU
My Commission Expires
October 29, 2006

Mt. Hope Cemetery
Community Parks I - Park and Recreation - 3751 Market Street - San Diego, CA 92102-4527
Tel (619) 527-3400 - Fax (619) 527-3403

E 18375

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ROBERT	WESLEY	WILSON	12/30/1940	02/01/1942	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	STEVE WILSON-DPOA 5104 BIRCH GROVE LN. FT. WORTH TX. 76137

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature] 8B. DATE SIGNED: 03/17/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/18/2004	K JONES ▶ 2405353

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO, CA. 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [X] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY –	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED WILEY FUNERAL HOME, 400 E. HYW 397 GRANDBURY, TX. 76048	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/18/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linda Kay Pierce 227631

in a Liner (Type of Burial Container) Funeral, date, time Mon. March 22 11:00

Church, Chapel, Graveside CA Burial Mortuary. Claydette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 243 Grave 12 Row — Section 2 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	443.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57336, 57337, 57338, 57339, 57340	1833.20
Balance due	Ø

PAID
MAR 18 2004
MOUNT HOPE CEMETERY

I hereby certify I am the x daughter & Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Larry Pierce, Granuela Pierce
Signature

x 512 Jewell Drive
Address

x San Diego, CA 92113
City Zip Code

x (619) 255-1044
Telephone

Paulette

Work Order # E 18376

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 18376

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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		
			X			
	Parham	Richardson		warren	Galleges	

Blind Check Initiated By: Pauletta Date: 3/18 pc

Interment space for: Linda K. Pierce

Interment Date: 3-22-04 Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 243 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No Flagon grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. [illegible] Date: 3/19/04

E-18376

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LINDA	KAY	PIERCE	11/05/1959	03/13/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LARRY PIERCE JR.-SON 1050 PEACH AVE. #16 EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ [signature]	03/16/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/17/2004 V MITCHELL	2405283 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 3/22/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 3/22/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wayne Perine 257633

in a T. S. VAULT (Type of Burial Container) Funeral, date, time Tues Mar 23 10:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 135 Grave 2 Row _____ Section 1 Division/Block 11

PAID

MAR 22 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases - Marker setting fee	149.00
Recording and filing fee	50.00
Sales taxes	21.31
Total Due	2097.31
Paid receipt number R-57348	2097.31
Balance due	Ø

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Lenzy Perine

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Lenzy Perine
Signature

6354 Mt. Cenacoah Way
Address

San Diego, CA 92111
City Zip Code

858 571 3317
Telephone

Paulette

Work Order # E 18377

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18377

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Chen yea	x			Hawkins
	Thumper	Holmes	Corey			

Blind Check Initiated By: Paulette Date: 3/22

Interment space for: Wayne Perine

Interment Date: 3-23-04 Time: 10:00 Chapel

Div: 11 Sect: 1 Blk/Row: ____ Lot: 135 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: ____ Date: ____

E 18377

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Wayne	Alan	Perine	11/05/1962	03/17/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lenzy Perine, Sr., Father 6354 Mt. Ainsworth Avenue San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	03/22/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/22/2004 B. Campbell	2405595 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-23-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-22-04A10:28 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 157 Grave 1 & 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 1970.-

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

PAID

MAR 2 2 2004

MOUNT HOPE CEMETERY

Total Due 1970.-

Paid receipt number R57350 1970

Balance due 0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 157 hold under deed.

Signature of recorded holder of deed

X Wong Yee Ling
Signature

X 323 E Palomar St
Address

Chula Vista CA 91911
City Zip Code

X (619) 691-1698
Telephone

Invoice # _____

Work Order # E 18378

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-22-04A10:42 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mario Romero

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 157 Grave 4 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	985 —
Paid receipt number R57351	246 —
Balance due	739 —

PAID SEP 12 2005 MOUNT HOPE CEMETERY

Pre-need pd IN Full on 9-12-05 Bal Ø Related E-ticket E-19359

Balance Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]

X [signature] 227629
Signature

X 1272 Tobias Dr.
Address

X Chula Vista CA 91911
City Zip Code

X 619 427 6936
Telephone 619 507 98 46 Movie

Invoice # _____

Work Order # E 18379

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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AT-need
NON-Re

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-18379

Date 9-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Genoveva Navarrete morales (X)

In a Ash Vault (Type of Burial Container) Funeral, date, time mon. Sept 19, 05 2:00P.

Church, Chapel, Graveside : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ $219.00

will be applied and billed to undersigned. X

Division 11 Section 2 Blk/Row Lot 157 Grave 4

Grave space & Care Fund Balance on Pre-need lot E-18379	$243.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$154.00
Burial Container Ash Vault	81.00
Handling Fees	88.00
Flower vases – Marker setting fee 184.00	184.00
Recording/Filing/Transfer Fees	66.00
Sales taxes SEP 12 2005	6.28
Total Due	822.28
MOUNT HOPE CEMETERY Paid receipt number pd by Visa	822.28
Balance due	0

I hereby certify I am the SON X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

227629

I hereby authorize the interment in lot I hold under deed.

X Signature

X Mario Romero
Print Name

X 1272 Tobias Dr
Address

X Chulavista 91911
City Zip Code

X 619 4276936
Telephone

Invoice #

Work Order # E 19359

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58705

Date: 4 - 5 , 20 05

From: Mario Romero Address: on record

Thirty-One Dollars ($ 31-)

in Part Payment of Pre-need lot account.

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E-18379

Acct. No.

W.O.

BALANCE DUE $367-

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 343

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 04 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77188	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31 —

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59061

Date: 8/12, 20 05

From: Mario Romero Address: On record

Thirty-One and 00 Dollars ($ 31.-)

in part Payment of Pre-need lot.

Div 1 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E-18379

Acct. No.

W.O.

BALANCE DUE $ 243.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

59

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 0 9 2005

MOUNT HOPE CEMETERY

ISSUED BY Pallwood

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31.-
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31.-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58878

Date: 5/27, 20 05

From: Mario Romero Address: on record

Thirty One and 00 Dollars ($ 31-)

in part Payment of Pre-need lot -

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E-18379

Acct. No.

W.O.

BALANCE DUE $ 305. -

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 368

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" WITH THIS RECEIPT

PAID

MAY 2 6 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100	31	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31.	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59359

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7-14, 20 05

From: Maria Romero Address:

Shelly One

Dollars ($ 31)

in Part Payment of Pre-need Lot.

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E-18379

Acct. No.

W.O.

BALANCE DUE $ 274

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

383

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 14 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31. —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

58822

MOUNT HOPE CEMETERY

(619) 527-3400

& Mario Romero

Date: 5/6, 2005

From: Vee Nor Wong Address: 1272 Tobias Dr. CV CA 91911

Thirty-One and 00 Dollars ($ 31—)

in part Payment of pre-need lot.

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E-18379

Acct. No.

W.O.

BALANCE DUE $ 336—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 350

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 06 2005

P. Crawford

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57645

Date: June 11, 2004

From: Mario Romero/Yee N. Wong Address: 1272 Tobias St. CV Ca 91911-3409

Thirty-One and 00 Dollars ($ 31.00)

in part Payment of Pre-need lot

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E-18379

Acct. No.

W.O.

BALANCE DUE $ 646.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

258

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 1 0 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31 00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58382

Date: Jan. 4 , 20 05

From: Yee Nor Wong Address: 1272 Tobias Dr. C.V. 91911

thirty one 00/100 Dollars ($ 31 -)

in part Payment of pre-need lot

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E-18379

Acct. No.

W.O.

BALANCE DUE 429 -

Pre-Need Lot X At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check X 325

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN - 4 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	-
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57572

Date: May 20, 20 04

From: Mario Romero Address: 1272 Jobias Dr CV 91911

Dollars ($ 31.00)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E 18379

Acct. No.

W.O.

BALANCE DUE 607.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 250

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 2 0 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hood

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57490

Date: April 28, 20 04

From: Mario Romero Address: 1272 Tobias Dr. CV 91911

Dollars ($ 31.00)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E18379

Acct. No.

W.O.

BALANCE DUE 708.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 236

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 28 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57748

Date: 7/2, 2004

From: Mario Romero Address: on record

Thirty-One and 00 Dollars ($ 31.00)

in part Payment of Pre-need lot acct.

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E-18379

Acct. No.

W.O.

BALANCE DUE $615.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 263

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 0 2 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57842

Date: July 28, 20 04

From: Mario Romero Address: 1272 Tobias Dr CV 91911

Dollars ($ 31.00)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E 18379

Acct. No.

W.O.

BALANCE DUE 584.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 277

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 28 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hatzd

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58011

Date: Sept 14 20 04

From: Mario Romero Address: 1272 Tobias dr. CV 91911

Dollars ($ 31.00)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E 18379

Acct. No.

W.O.

BALANCE DUE 553.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

291

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

SEP 14 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hokel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	69033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58095

Date: Oct 6, 20 04

From: Mario Romero Address: 1272 Jobias dr. CV 91911

Dollars ($ 31 —)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E 18379

Acct. No.

W.O.

BALANCE DUE 522.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

246

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 06 2004

MOUNT HOPE CEM

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58188

Date: Nov 2, 20 04

From: Mario Romero Address: 1272 Tobias Dr. C.V, CA. 91911

thirty one 00/100 Dollars ($ 31 —)

in part Payment of pre-need lot

Div 11 Sec 2 Blk/Row ____ Lot 157 Grave 4

Invoice No. E-18379

Acct. No. ____

W.O. ____

BALANCE DUE 491 —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 305

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 0 2 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58292

Date: Dec. 6, 20 04

From: Mario Romero Address: 1272 Tobias Dr. C.V. CA. 91911

thirty-one 00/100 Dollars ($ 31 -)

in part Payment of pre-need lot

Div 11 Sec 2 Blk/Row Lot 157 Grave 4

Invoice No. E-18379

Acct. No.

W.O.

BALANCE DUE 460 -

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 315

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC - 6 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	-
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

Transaction in Nexus for payment
Comp 2-5-05

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58481

Date: 2-5-05, 20 05

From: Mario Romero Address: 1272 Tobias Dr Chula Vista, 91911

Thirty-one dollars 00/100 Dollars ($ 31.00)

in Part Payment of Opened pre-need lot

Div 11 Sec 2 Blk/Row ____ Lot 157 Grave 4

Invoice No. E-18379

Acct. No. ____

W.O. ____

BALANCE DUE $398.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 4-04) #333

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB - 5 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	$ 31	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	00

E-18379

ROMERO, MARIO 1272 Tobias Dr CV 91911 (619)427-6936

div 11 sec 2 lot 157 gr 4

				DEBIT	CREDIT	BALANCE
03-22-2004	Opened pre-need lot w/ 25% down			985.00		
	R-57351				246.00	739.00
4-28 04	57490	Coupon	1		31 00	708 00
5-20 04	57572		2		31 00	677 00
6-11-04	57645		3		31 —	646 00
7-2	R-57748		4	197 00 20% 80%	31 00	615 00
7-28 04	57842		5	788 00	31 —	584 —
9-14 04	58011		6		31 —	553 —
10-6 04	58095		7		31 —	522 —
11-2-04	58188		8		31 —	491 —
12-6-04	58292		9		31 —	460 —
1-4-05	58382		10		31 —	429 —
2-5-05	58481		11		31 —	398 —
4-4-05	58705		13		31 —	367 —
6/6/05	58872		14		31 —	336 —
5/26/05	58878		15		31 —	305 —
7-14-05	59359		16		31 —	274 —
8-9-05	59061		17		31 —	243 —
9-12-05	pd by visa					243 —
Balance	0	pd IN Full				0

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58578

Date: Mar. 3, 20 05

From: Romero / Nong Address: on record

Thirty-One Dollars ($31-)

in part Payment of Pre-need lot/trust (1 payment)

Div 12 Sec 2 Blk/Row Lot 229 Grave 3

Invoice No. E-17973

Acct. No.

W.O.

BALANCE DUE $ 1169.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

334

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 0 2 2005

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	31	00
Trust	77186		
Sales Tax	80101		
	78390		
TOTAL PAID	$	31.	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

E-18379

Retain this portion for your records.

Account #: E-18379

Payment #: 12

Check #: 334

Date: 3-1-05

Amount $: 310.00

Balance: $367.00

9-15-05 ok per Kevin

In Lieu of payment reimbursement of $31.00 MT Hope will install a Galv. Vare in Div 11 Sec 2 LOT 157 GR 4

payment was not recorded on 3-3-05 family was overcharged $31.00 when Balance was due. total DID NOT included payment.

Yee Nor Wong.

E- 18379

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58578

From: Romero/Wong Thirty-One

Date: Mar. 3, 20 05

Address: on record

in part Payment of Pre-need lot/trust (1 payment) Dollars ($31-)

Div 12 Sec 2 Blk/Row Lot 229 Grave 3

Invoice No. E-17973

Acct. No.

W.O.

BALANCE DUE $ 1169.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [X] Cash [ ] Check [X]

334

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 0 2 2005

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186	31	00
Sales Tax	60101		
	78390		
TOTAL PAID	$	31.	00

E 18379

E-18379

ROMERO, MARIO 1272 Tobias Dr CV 91911 (619)427-6936
div 11 sec 2 lot 157 gr 4

				DEBIT	CREDIT	BALANCE
03-22-2004	Opened pre-need lot w/ 25% down			985.00		
	R-57351				246.00	739.0
4-28 04	57490	Coupon	1		31 00	708
5-20 04	57572		2		31 00	677
6-11-04	57645		3		31 —	646
7-2	R-57748		4		31 00	615
7-28 04	57842		5		31 —	584
9-14 04	58011		6		31 —	553
10-6 04	58095		7		31 —	522
11-2-04	58188		8		31 —	491
12-6-04	58292		9		31 —	460
1-4-05	58382		10		31 —	429
2-5-05	58481		11		31 —	398
4-4-05	58705		13		31 —	367
5/6/05	58822		14		31 —	336
5/26/05	58878		15		31 —	305
7-14-05	59359		16		31 —	274
8-9-05	59061		17		31 —	243
9-11-05	pd by visa					243
Balance	0	pd IN Full				0

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-22-04 A11:54

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albert Catlin 227644

in a liner (Type of Burial Container) Funeral, date, time Thurs 3/25 1:00

Church, Chapel, Graveside _____ : Rogsdale Mortuary.

All Funeral cars must arrive before ~~2:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 250 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	443 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16 20
Total Due	1833.20
Paid receipt number MC	1833.20
Balance due	—

PAID

MAR 22 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

x Velet G. Catlin
Signature

x 335 South 45th Street
Address

x San Diego 92113
City Zip Code

x (619) 264-7255
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 18380

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-18380

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Chamberlain	X		Rosos	
		Smith		Farmer		

Blind Check Initiated By: Ron Date: 3/22

Interment space for: Albert Catlin

Interment Date: Thurs 3/25 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 250 Gr: 7

Grave Laid out by: DARREYL

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3/23/04

E-18380

91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Albert	Merrit	Catlin	02/13/1913	03/17/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Violet L. Catlin, Wife 335 S. 45th Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [illegible]	03/22/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/23/2004 B. Campbell	2405662 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3/25/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Ad Rud

MT. HOPE CEMETERY

INTERMENT ORDER

E 18381

City of San Diego

03-22-04 P12:13 IN

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jermaine Motley 227638

in a TS Vault (Type of Burial Container) Funeral, date, time Wed. 3/24 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 19 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	275
Handling Fees	215 ~~215~~
Flower vases – Marker setting fee Temp	22
Recording and filing fee	50
Sales taxes	23.02
Total Due	1998.02
Paid receipt number R 57352	1998.02
Balance due	0

PAID

MAR 2 2 2004

MOUNT HOPE CEMETERY

1983.02

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Derek Roberts

I hereby authorize the interment in lot I hold under deed.

Signature

9121 Kenwood dr #22

Address

Signature of recorded holder of deed

S V CA 91977

City Zip Code

Telephone

Pam

3/24/04

Invoice #

Work Order # E 18381

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18381

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Jackson	Lake	Lake		
	tree		X		Howard	
			Byrd	Barnes		

Blind Check Initiated By: Pam Date: 3/22

Interment space for: Germaine Molley

Interment Date: ~~Thurs~~ Wed 3/24 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 19 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag in grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: R C Brown Date: 3/22/04

E 18381

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jermaine	Maurice	Motley	11/25/1982	03/15/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Derek C. Roberts, Father 9121 Kenwood Drive #22 Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102	FD-1329	▶ [illegible]	03/18/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/19/2004 B. Campbell	2405527 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3/24/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/22/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thea A KRAUS 12:30

in a D.D CRYPT (B) Type of Burial Container Funeral, date, time Friday Mar. 26

Church, Chapel, Graveside ; Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 3662 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	E-3762	0
Additional spaces and care fund		
Opening/Closing & Setup	E-16900	0
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee	E-16900	0
Sales taxes		
Total Due		0
Paid receipt number		
Balance due		0

VOID

Fax # 858-483-4465

I hereby certify I am the niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Susanne Kearney

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Susanne Kearney
Signature

1513 Ocala Ave.
Address

Chula Vista 91911
City Zip Code

(619) 216-2602.
Telephone

Invoice # _____

Work Order # E 18382

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-22-04 P Date 28 IN

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Franklin E. Bulgaire 227659

In a TS-Vault (Type of Burial Container) Funeral, date, time Fri 3/26 1:00

Church (Chapel) Graveside _____ ; CA Burial Mortuary.

All Funeral cars must arrive before ~~6:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 234 Grave 2 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	985
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	275
Handling Fees	204
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	21.31
Total Due	1963.31
Paid receipt number R57353	1963.31
Balance due	0

PAID

MAR 22 2004

MOUNT HOPE CEMETERY

$15 overcharge

I hereby certify I am the X Sister-in-Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Jennifer Burkett
Signature

X 2819 Ulric st
Address

X San Diego CA 92111
City Zip Code

X 858-715-3880
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 18383

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18383

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Nolasco			Scott	
			X			

Blind Check Initiated By: Pam Date: 3/22

Interment space for: Franklin Bulgarin

Interment Date: Fri 3/26 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 234 Gr: 2

Grave Laid out by: HARKEY

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: NORMAN FERGUSON Date: 3-24-04

E 18383

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANKLIN	EZARDO	BULGAIRE	09/10/1957	03/15/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JENNIFER BERKETT-SISTER-IN-LAW 2372 MURRAY RIDGE ROAD SAN DIEGO, CALIFORNIA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Gloria Lynch	03/22/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	03/23/2004 G. LYNCH	▶ 2405677

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 3-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-23-04

227620 / 227621

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Thomas R. Dufrenne & Ricky C. Kimble

in a ASH VAULTS (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 47 Grave 45 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	330.00
Additional spaces and care fund	
Opening/Closing & Setup 2@ 116.00 each	232.00
Burial Container 2@ 61.00 each	122.00
Handling Fees 2@ 66.00	132.00
Flower vases – Marker setting fee	138.00
Recording and filing fee 2@ 50.00	100.00
Sales taxes 2@ 4.73	9.46
Total Due	925.46
Paid receipt number R-57356	150.00
Balance due	775.46

PAID NOV 10 2005 MOUNT HOPE CEME

I hereby certify I am the X self s of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Thomas R. Dufrenne / Ricky C. Kimble
Signature

X 6502 HERRICK ST.
Address

X SAN DIEGO, CA 92114
City Zip Code

X 619-501-1500
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Paulette

Work Order # E 18384

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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Contract Expires March 2006

E-18384

(Dufrenne, Thomas) & (Kimble, Ricky) 6502 Herrick St., S.D. CA 92114 (619) 501-~~1500~~ 5986

			Debit	Credit	Balance
3/23/04	Opened Pre-need lot & trust for two cremation burials. Trust includes: (2) O/C, (2) B/C, Ash Vaults (2) H/F, (2) R/F Fee, (2) Taxes and Marker installation. Div 11, Sec 2, Lot 47, Gr 45		330.00 595.46		330.00 925.46
		R-57356		150.00	775.46
4-13 04	R-57436	coupon 1 & 2		64.46	711.00
4-21 04	R-57468	3-6	rem to trust	135.00	576.00
8-17 04	57910	7		32 -	544.00
9-10 04	57998	8		32 -	512.00
11/14/04	58318	9		32 -	480.00
1-5-05	58386	10 & 11		64 -	416.00
3-16-05	58637	12		32 -	384.00
6-21-05	58983	13 + 14		64 -	320 -
9/19/05	R-59196	15 + 16		64 -	256 -
10/18/05	R-59326	17 + 18		64 -	192 -
11-10-05	R-59396			192 -	0

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59326

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/18, 20 05

From: Thomas R. Dufrenne / Ricky Kimble Address: on record

Sixty Four Dollars ($ 64 —)

in Part Payment of Pre-need trust

Div 11 Sec 2 Blk/Row Lot 47 Grave 45

Invoice No. E-18384

Acct. No.

W.O.

BALANCE DUE $ 192 —

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

MD 470634125171

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 18 2005

MOUNT HOPE CEMETERY

ISSUED BY D Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	64 —
Trust	77186	
Sales Tax	60101	
	78390	64 —
TOTAL PAID	$	

KC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59196

MOUNT HOPE CEMETERY

(619) 527-3400

Date: September 19, 2005

From: Dufrenne, Thomas/Kimble, Richy Address: on record

Sixty - Four Dollars ($ 64 —)

in part Payment of pre need coupons 15/16

Div 11 Sec 2 Blk/Row Lot 47 Grave 45

Invoice No. E-18384

Acct. No.

W.O.

BALANCE DUE $ 256.—

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

MO 08339898183

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 16 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	64	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	64.	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58637

Date: 3/16, 2005

From: Dufrenne, J. Address: On record

Yearly Tax Dollars ($ 32 -)

in Part Payment of Pre-need trust

Div 11 Sec 2 Blk/Row Lot 47 Grave 45

Invoice No. E-18384

Acct. No.

W.O.

BALANCE DUE 384 -

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAR 1 6 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	32 -
Sales Tax	60101	
	78390	
TOTAL PAID	$	32 -

AC-212 (Rev. 4-04) 2161

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58386

Date: Jan 5, 20 05

From: Ricky Kimble Address: 6502 Herrick St. S.D. 92114

sixty-four 00/100 Dollars ($ 64 —)

in part Payment of pre-need lot & trust for two cremations

Div 11 Sec 2 Blk/Row ____ Lot 47 Grave 45

Invoice No. E-18384

Acct. No. ____

W.O. ____

BALANCE DUE 416 —

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☑

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS OFFICE.

PAID

JAN - 5 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	64	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	64	—

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

58983

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 6-21, 2005

From: Tom R. Dufrenne Address: 6502 Herrick St. SD CA 92114

Sixty-Four Dollars ($ 64-)

in Part Payment of Pre-need lot trust.

Div 11 Sec 2 Blk/Row Lot 47 Grave 45

Invoice No. E-19384

Acct. No.

W.O.

BALANCE DUE 320-

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2185

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 2 1 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	64.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	64.—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58318

Date: December 14, 20 04

From: Thomas Dufrenne/Ricky C. Kimble Address: 6502 Herrick Street SD Ca 92114

Thirty-Two and 00 Dollars ($ 32.00)

in part Payment of pre-need Lot/trust.

Div 12 Sec 2 Blk/Row Lot 47 Grave 45

Invoice No. E-18384

Acct. No.

W.O.

BALANCE DUE $1480.00

Pre-Need Lot X At Need [ ] On Acct [ ]

Pre-need Trust X Cash [ ] Check X 1843

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 14 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186	32	00
Sales Tax	60101		
	78390		
TOTAL PAID	$	32.	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57998

Date: Sept 10, 20 04

From: Thomas Dufrenne Address: 6502 Hurick St SD 92114

Dollars ($ 32.00)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 47 Grave 45

Invoice No. E18384

Acct. No.

W.O.

BALANCE DUE 512.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

1813

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 10 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	32.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	32.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57910

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Aug 17, 20 04

From: Tom Dufrenne Address: 6502 Hurick St SD 92114

Dollars ($ 32.00)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 47 Grave 45

Invoice No. E18384

Acct. No.

W.O.

BALANCE DUE 544.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ MO

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 17 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	32	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	32	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57468

Date: April 21, 20 04

From: Thomas Dufrenne Address: 6502 Hurick st. SD 92114

Dollars ($ 135.00)

in part Payment of pre-need

Div 11 Sec 2 Blk/Row Lot 47 Grave 45

Invoice No. E18384

Acct. No.

W.O.

BALANCE DUE 576.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

1756

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 2 1 2004

MOUNT HOPE CEMETERY

ISSUED BY Dan Hetzel

CREDIT	67007	66	00
20% Sales Care	77184		
80% Sales	100	49	54
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	19	46
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	135	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57436

Date: April 13, 20 04

From: J. Dufrenne Address: 6502 Herrick St. SD 92114

Dollars ($ 64.46)

in part Payment of pu mud

Lot 47 Grave 45 Row Section 2 Division ~~Block~~ 11

Invoice No. E18384

Acct. No.

W.O.

BALANCE DUE 711-00

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓ MO

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 13 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	64	46
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	64	46

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

R- 59396

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 11-10-05, 20 05

From: DuFrenne & Kimble Address: 6502 Herrick St. SD. CA. 92114

one hundred & Ninety-Two dollars Dollars ($ 192.00)

in Full Payment of Pre-Need Services with 2-cremains & marker Setting Fee

Lot 47 Grave 45 Row ____ Section 2 Division Block 11

Invoice No. E-18384

Acct. No. ____

W.O. ____

BALANCE DUE 0

Pre-Need Lot ! ! At Need ! ! On Acct ! !

Pre-need Trust ! ! Cash ! ! Check ! !

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 10 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	192	00
	78390		
TOTAL PAID	$	192	00

473041443 49

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

11/10/05 75-53 919

USA CHECKS CASHED

ISSUING AGENT

TravelersExpress. MoneyGram.

INTERNATIONAL MONEY ORDER

30414434

MONEY ORDER

IMPORTANT - SEE BACK BEFORE CASHING

473041443 49

PAY TO THE ORDER OF MT. Hope Cemetery

Thomas R DuFrenne Jr

PURCHASER, SIGNER FOR DRAWER

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

6502 Herrick St SD

ADDRESS CA 92114

ISSUER/DRAWER

TRAVELERS EXPRESS COMPANY, INC

Payable Thru: IFF National Bank South Central Faribault, MN

Acct # E 18384

***192.00*

ONE HUNDRED ****

NINETY-TWO *****

DOLLARS 00 CENTS

474884390101

1558302314129434

⑆091900533⑆473 04144349⑈ 90

E-18384

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle): [illegible]
2. DEPARTMENT, COMPONENT AND BRANCH: USMC 11
3. SOCIAL SECURITY NO.: 492 | 78 | 6570
4a. GRADE, RATE OR RANK: Corporal
4b. [illegible]
5. DATE OF BIRTH: [illegible]
6. PLACE OF ENTRY INTO ACTIVE DUTY: St Louis Missouri
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: C Co 3d Cbt Engrs
8. STATION WHERE SEPARATED: VTU(MCRD) Pipes Reg Area CamPen CA
9. COMMAND TO WHICH TRANSFERRED: Camp Smith, HAWAII
10. SGLI COVERAGE: AMOUNT $ 20,000 ☐ NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)

1371 Combat Engineer 4 years 6 months

12. RECORD OF SERVICE

	YEAR(S)	MONTH	DAY(S)
a. Date Entered AD This Period	75	09	25
b. Separation Date This Period	80	06	22
c. Net Active Service This Period	04	08	08
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	01	14
f. Foreign Service	00	11	22
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	80	04	02
i. Reserve Obligation Term Date	81	03	22

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

M-16 Rifle Marksmanship Badge

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)

NCO Leadership School 3 WEEKS 10/79
Basic Combat Engineer 6 WEEKS 05/76

15. MEMBER CONTRIBUTED TO POST VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM ☐ YES ☒ NO

16. HIGH SCHOOL GRADUATE OR EQUIVALENT ☒ YES ☐ NO

17. LEGISLATIVE BASE PAY: 00.05LB 00.0RLB

18. REMARKS

Good Conduct Period Commences: 790626

Reenlisted in the United States Marine Corps
Marine requests copy #1 of DD form 214(MC)_____

Requests for corrections to this form will be addressed to the Commandant of the Marine Corps (Code MMSR-10) Headquarters U. S. Marine Corps Washington D. C. 20380

19. MAILING ADDRESS AFTER SEPARATION: [illegible] AL

20. MEMBER REQUESTS COPY BE SENT TO _____ DIR. OF VET AFFAIRS ☐ YES ☐ NO

21. SIGNATURE OF MEMBER BEING SEPARATED: Thomas A. D[illegible]

22. TYPED NAME, GRADE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN: [illegible] USMC

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION: DISCHARGE
24. CHARACTER OF SERVICE (Include upgrades): HONORABLE
25. SEPARATION AUTHORITY: [illegible]
26. SEPARATION CODE: KBC-4
27. REENLISTMENT CODE: RE-1A
28. [illegible]
29. [illegible]
30. MEMBER REQUESTS COPY 4 [illegible]

BEST COPY AVAILABLE
U.S.M.C.

LCMGMES 114 SEP/10 E: 18384

5127

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD - SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214 — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

CERTIFICATE OR RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle): [redacted]
2. DEPARTMENT, COMPONENT AND BRANCH: [redacted]
3. SOCIAL SECURITY NO.: [redacted] | 30 | 6576
4a. GRADE, RATE OR RANK: [redacted]
4b. PAY GRADE: [redacted]
5. DATE OF BIRTH: [redacted]
6. [redacted] OF ENTRY INTO ACTIVE DUTY: [redacted]
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: [redacted]
8. STATION WHERE SEPARATED: [redacted] MRC 11400
9. COMMAND TO WHICH TRANSFERRED: [redacted]
10. SGLI COVERAGE: AMOUNT $ _____ .00 ☐ NONE — N/A
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles, including periods of one or more years):

1371 - Combat Engineer (06 yrs, [illegible] mo)
0411 - Recruiter (02 yrs, 06 mos)
8531 - Harbormaster Instructor (07 yrs)

12. RECORD OF SERVICE	YEAR(S)	MON(S)	DAY(S)
a. Date Entered AD This Period	00	06	28
b. Separation Date This Period	04	06	29
c. Net Active Service This Period	03	11	27
d. Total Prior Active Service	04	00	00
e. Total Prior Inactive Service	00	01	14
f. Foreign Service	00	11	17
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	00	00	29
i. Reserve Obligation Term Date	00	00	00

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

Rifle Sharpshooter Badge
Good Conduct Medal
Certificate of Commendation
Sea Service Deployment Ribbon (w/14)
Pistol Marksman Badge

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)

Recruiter School (07 wks - 0310)

15. MEMBER CONTRIBUTED TO POST VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM ☐ YES ☐ NO
16. HIGH SCHOOL GRADUATE OR EQUIVALENT ☐ YES ☐ NO
17. DAYS ACCRUED LEAVE PAID: None

18. REMARKS

Complete dental examination and all appropriate dental services and treatment completed within 90 days of separation from active duty.

Good Conduct Medal period computed: [illegible]

19. MAILING ADDRESS AFTER SEPARATION

7442 Mallard Way
[redacted]

20. MEMBER REQUESTS COPY 6 BE SENT TO: DIR. OF VET AFFAIRS ☐ YES ☐ NO

21. SIGNATURE OF MEMBER [illegible]: Thomas R. DuFresne Jr.

22. TYPED NAME, GRADE, TITLE AND ORGANIZATION OF AUTHORIZED TO WRITE: [illegible]

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION: Discharged
24. CHARACTER OF SERVICE (Include upgrades): HONORABLE
25. SEPARATION AUTHORITY: MARCORSEPMAN, par. 6207.3b(2)
26. SEPARATION CODE: HRB1
27. REENTRY CODE: RE-4
28. NARRATIVE REASON FOR SEPARATION: Dis Invol-homosexuality-admission (single discharge board required but waived)
29. DATES OF TIME LOST DURING THIS PERIOD: None
30. MEMBER REQUESTS COPY 4: [illegible]

S/N 0102-LF-000-2140

SERVICE - 2

E-18384

NC-130

PETITIONER OR ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Ricky Kimble 6502 Herrick Street San Diego, CA 92114 TELEPHONE NO. (619) 366-9947 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FILED Clerk of the Superior Court MAR 20 2008 By: AEB, Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS 330 West Broadway MAILING ADDRESS: CITY AND ZIP CODE: San Diego, CA 92101 BRANCH NAME: Central Division	
PETITION OF (Name of each petitioner): Ricky Kimble FOR CHANGE OF NAME	
DECREE CHANGING NAME	CASE NUMBER: 37-2008-00077137-CU-PT-CTL

18384

1. The petition was duly considered:
   a. [✓] at the hearing on (date): MAR 20 2008 In Courtroom C-25 of the above-entitled court.
   b. [ ] without hearing.

THE COURT FINDS

2. a. All notices required by law have been given.
   b. Each person whose name is to be changed identified in item 3 below
      (1) [✓] is not [ ] is under the jurisdiction of the Department of Corrections, and
      (2) [✓] is not [ ] is required to register as a sex offender under section 290 of the Penal Code.
      These determinations were made [✓] by using CLETS/CJIS [ ] based on information provided to the clerk of the court by a local law enforcement agency.
   c. [✓] No objections to the proposed change of name were made.
   d. [ ] Objections to the proposed change of name were made by (name):
   e. It appears to the satisfaction of the court that all the allegations in the petition are true and sufficient and that the petition should be granted.
   f. [ ] Other findings (if any):

SUPERIOR COURT SAN DIEGO COUNTY, CA

DATE: MAR 20 2008
Attest: A true copy,
Clerk of the Superior Court
By E. SCHEITT Deputy

THE COURT ORDERS

3. The name of

	Present name		New name
a.	Ricky Kimble	is changed to	Rainbow Cricket One Feather Kimble
b.		is changed to	
c.		is changed to	
d.		is changed to	
e.		is changed to	

[ ] Additional name changes are listed on Attachment 3.

Date: MAR 20 2008

Rafael A. Arbeola
RAFAEL A. ARBEOLA
JUDGE OF THE SUPERIOR COURT

[ ] SIGNATURE OF JUDGE FOLLOWS LAST ATTACHMENT

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-23-04 A10:59 IN

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby Youngblood 227647

in a liner (Type of Burial Container) Funeral, date, time Fri 3/26 10:00

Church, Chapel, Graveside _____ : Repedale Mortuary.

All Funeral cars must arrive before ~~6:00~~ 5:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 50 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund ..... E 16489	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number _____	
Balance due	0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attached

Invoice # _____

Work Order # E 18385

Acct. # _____

REA-104 (7-95)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 1835

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			IGO	Middleton		
		Williams	X			
		Pettillo	Baldwin	OBrien		

Blind Check Initiated By: Pam Date: 3/23

Interment space for: Ruby Youngblood

Interment Date: Fri 3/26 Time: 10:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 50 Gr: 1

Grave Laid out by: DARREYL

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: KEN COLLINS Date: 3/23/09

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 05-25-04 A10:59 IN

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby Youngblood

In a lieu Funeral, date, time Fri 3/26 10:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before ~~6:00~~ 5:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 50 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	E 16484
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Marsine Baxter
Signature

X 2469 W. Ingersoll Street
Address

X San Diego, CA 92111
City Zip Code

X (858) 278-9722
Telephone

Invoice # _____

Work Order # E 18385

Acct. # _____

This information is available in alternative formats upon request.

E- 18385

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ruby	-	Youngblood	04/30/1914	FD 03/20/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Maxine Baxter, Sister 2469 W. Ingersoll Street San Diego, CA 9211[illegible]

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blair Campbell	03/23/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/24/2004 B. Campbell	2405843 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Rt Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
03-23-04 P12:28 IN
Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma Weeks 227642

in a liner (Type of Burial Container) Funeral, date, time Thurs 3/25 10:00

Church, Chapel, Graveside Pilgrim ; Rogodale Mortuary.

All Funeral cars must arrive before ~~2:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 184 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number Visa	1833.20
Balance due	

PAID
MAR 23 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Charles Weeks

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Pam

X [signature]
Signature

X 4517 Oregon St
Address

X San Diego CA 92116
City Zip Code

X 619. 584 1790
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18386

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 18386

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				Maitine		
			X			
		white		Brown/Bates		

Blind Check Initiated By: Pam Date: 3/23

Interment space for: Thelma Weeks

Interment Date: Thurs 3/25 Time: 10:00

Div: 12 Sect: 9 Blk/Row: ____ Lot: 184 Gr: 12

Grave Laid out by: DARREL

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Norman Fergus Date: 3-23-04

E 18386

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Thelma	-	Weeks	07/04/1940	03/19/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Charles Weeks, Son 4517 Oregon Street San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [illegible]	03/23/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/23/2004 B. Campbell	2405755 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-25-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-23-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nick Samiel 227657

in a Muslim (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 153 Grave _____ Row _____ Section _____ Division/Block Muslim

Grave space & Care Fund	E-16919	—
Additional spaces and care fund		—
Opening/Closing & Setup	PAID	413.00
Burial Container	SIAB	88.00
Handling Fees	MAR 23 2004	—
Flower vases – Marker setting fee		—
Recording and filing fee	MOUNT HOPE CEMETERY	50.00
Sales taxes		6.82
	Total Due	557.82
	Paid receipt number VISA	557.82
	Balance due	Ø

CDL N8305152 772-07

I hereby certify I am the x COUSIN of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

227656 x [signature] AL SAMIEL

Signature

x 1817 SOUTH COAST HWY #A

Address

x Oceanside CA 92054

City Zip Code

x (760) 717-2712

Telephone

I hereby authorize the interment in lot I hold under deed.

_____

Signature of recorded holder of deed

Paulette

Invoice # _____

Work Order # E 18387

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-24-04A09:35 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosia Lewis 212258

in a liner (Type of Burial Container) Funeral, date, time Mon 3/29 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before ~~6:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 27 Grave 1 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57375	1833.20
Balance due	0

PAID

MAR 30 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

_____ Signature of recorded holder of deed

Pam

Invoice # _____

Work Order # E 18388

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-24-04A09:35 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosia Lewis

in a liner (Type of Burial Container) Funeral, date, time Mon 3/29 1:00

(Church) Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 87 Grave 1 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.80
Total Due	1833.80
Paid receipt number	
Balance due	

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Rosie Galinte

I hereby authorize the interment in lot I hold under deed.

Signature or recorded owner of deed

Pam

Work Order # E 18388

Rosie Galinte

Signature

X 4868 Wilson Avenue #1

Address

X San Diego, CA 92116

City Zip Code

X (619)521-6860

Telephone

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 18388

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Baker	Vick	Vick		
	Smith		X	Lewis		
		Harris	Rider		Scott	

Blind Check Initiated By: Pam Date: 3/24

Interment space for: Rosia Lewis

Interment Date: Mon 3/29 Time: 1:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 87 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY/ Date: 3-26-04

E-18388

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Rosia	Lee	Lewis	12/28/1911	03/22/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Rosie M. Qalinle, Daughter 4868 Wilson Avenue #1 San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	03/25/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7117[illegible] of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/25/2004 B. Campbell	2405904 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3/29/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-24-04 P12:37 IN

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances Smith 227646

in a ash vault (Type of Burial Container) Funeral, date, time Fri 3/26 11:30

Church, Chapel, Graveside ; Family Mortuary

All Funeral cars must arrive before ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

Lot 21 Grave 1 Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	—
Additional spaces and care fund	
Opening/Closing & Setup	114 —
Burial Container	61 —
Handling Fees	60 —
Flower vases – Marker setting	
Recording and filing fee	50 —
Sales taxes	4.73
Total Due	297.73
Paid receipt number Visa	297.73
Balance due	—

PAID

MAR 24 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Goddaughters husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Robert Falen

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

9728 Shoshoni AVE

Address

SD, CA 92117

City Zip Code

(858) 273-8601

Telephone

Work Order # E 18389

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 18389

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		No man's				
	Barton		X	trashcan		
			Hassl			

Blind Check Initiated By: Pam Date: 3/04

Interment space for: Frances Smith ⊗

Interment Date: Fri 3/26 Time: 11:30

Div: 8 Sect: 1 Blk/Row: ____ Lot: 21 Gr: 1

Grave Laid out by: Kenneth Coll

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Norman Ferguson Date: 3-24-04

E-18389

30472

16759

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANCES	MARGARET	SMITH	09/07/1916	03/11/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	Terrill L. Peterson - DPOA 4728 Shoshoni Avenue San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941	▶ Kim Beaulieu	03/12/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	Kim Beaulieu 03/15/2004	2405082 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jamison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Oceanview Crematory 1625 Gisler Avenue Costa Mesa, CA 92626	12B. DATE CREMATED MAR 16 2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3/24/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NICK Samiei 227157

in a Muslim Slab (Type of Burial Container) Funeral, date, time Fri MARCH 26 12:30

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 153 Grave _____ Row _____ Section _____ Division/Block Muslim

Grave space & Care Fund	E-16919	—
Additional spaces and care fund		—
Opening/Closing & Setup	E-18387	—
Burial Container	E-18387	—
Handling Fees		—
Flower vases – Marker setting fee		—
Recording and filing fee	E-18387	—
Sales taxes	E-18387	—
Total Due		—
Paid receipt number		—
Balance due		—

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

"SEE E-18387"
Signature

Address

City Zip Code

Telephone

Paulette

Invoice # _____

Work Order # E 18390

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18390

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

Blind Check Initiated By: Paulette Date: 3/24

Interment space for: Nick Samiel

Interment Date: 3/26/04 Time: P2:30

Div: Muslim Sect: ____ Blk/Row: ____ Lot: 153 Gr: ____

Grave Laid out by: DARKEY

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flat

Blind Check & Verified By: Norman Peterson Date: 3-24-04

E 18390

41

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MUNIR	-	SAMIEI	09/20/1955	03/24/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	MARYAM SAMIEI-WIFE 591 TAMARISK ST. IMPERIAL CA. 92251

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [illegible]	03/25/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	03/26/2004 K JONES	2405990 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 3-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At
+ Dis

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03 24 04 P 02:09 IN

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wallace Bowlen 227649

in a TS Vault (Type of Burial Container) Funeral, date, time Fri 3/26 10:00

Church, Chapel, Graveside _____ ; A Burial Mortuary.

All Funeral cars must arrive before ~~3:30 p.m.~~ 3:00 of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 141 Grave 12 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	E 14904	0
Additional spaces and care fund	dis.	1100 —
Opening/Closing & Setup		waive
Burial Container		275 —
Handling Fees		204 —
Flower vases – Marker setting fee		
Recording and filing fee		50 —
Sales taxes		21.31
Total Due		1651.31
Paid receipt number	R 573604	1651.31
Balance due		0

PAID

MAR 24 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X L Williams
Signature

X 5081 La Paz Dr.
Address

X San Diego, Ca. 92113
City Zip Code

X 619-527-3775
Telephone

Invoice # _____

Work Order # E 18391

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY C-18391

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Hitchcock	Lee		X	Childs		
			Sikes			

Blind Check Initiated By: Pam Date: 3/24

Interment space for: Wallace Bowlen

Interment Date: Tue 3/26 Time: 10:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 141 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 3-25-04

E 18391

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
WALLACE	-	BOWLEN JR.	12/25/1950	03/16/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MELISSA BOWLEN-DAUGHTER 330 NORTH 1ST ST. #E EL CAJON, CALIFORNIA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	Gloria Lynch	03/19/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	03/22/2004 G. LYNCH	2405564

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 3-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Harvey L. Tamber	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 0	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF 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 3/24/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cynthia Wiley 227651

in a Liner (Type of Burial Container) Funeral, date, time Friday Mar. 26 11:00

Church, Chapel, Graveside _____ : CABURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 22C Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Galv [redacted] Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57365	1833.20
Balance due	Ø

PAID

MAR 24 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Lee Marie Wiley
Signature

x 8421 Carlisle Dr. #8
Address

San Diego 92114
City Zip Code

619-462-0879
Telephone

Paulette

Work Order # E 18392

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E. 18392

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Buckhanon	Buckhanon	Buchanon				
Barnett			X			
		Hill				

Blind Check Initiated By: Paulette Date: 3/25

Interment space for: Cynthia Wiley

Interment Date: 03/26/04 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 226 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: _____ Date: _____

E 18392

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CYNTHIA	-	WILEY	03/05/1960	03/19/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARVA WILEY-BURCH-SISTER 6188 WUNDERLIN AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Gloria Lynch	03/23/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	03/23/2004 G. LYNCH	▶ 2405702

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 3-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 3/25/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas M. Adams 227522

in a LINER (Type of Burial Container) Funeral, date, time Mon. Mar. 29 11:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 161 Grave 7 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	E-18329	Θ
Additional spaces and care fund		—
Opening/Closing & Setup	E-18329	—
Burial Container	E-18329	—
Handling Fees	E-18329	—
Flower vases - Marker setting fee		Θ
Recording and filing fee	E-18329	—
Sales taxes	E-18329	—
	Total Due	—
Paid receipt number		—
E-18329	Balance due	Θ

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address See attached

City _____ Zip Code

Telephone _____

Paulette

Work Order # E 18393

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 3/25/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas M. Adams

in a LINER Funeral, date, time Mon. Mar. 29 11:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 161 Grave 7 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	E-18329	—
Additional spaces and care fund		—
Opening/Closing & Setup	E-18329	—
Burial Container	E-18329	—
Handling Fees	E-18329	—
Flower vases - Marker setting fee		—
Recording and filing fee	E-18329	—
Sales taxes	E-18329	—
	Total Due	—
Paid receipt number		—
	E-18329 Balance due	—

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Kim Blazer
Signature

770 Wyandott Avenue
Address

Logan, Ohio 43138
City Zip Code

Telephone

Paulette

Invoice # _____

Work Order # E 18393

Acct. # _____

RSA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18593

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Newsome				
			Joliff	Joliff		
			X			

Blind Check Initiated By: Paulette Date: 3/25

Interment space for: Thomas M. Adams

Interment Date: 3/29/04 Time: 11:00 G.S.

Div: 11 Sect: 1 Blk/Row: ____ Lot: 161 Gr: 7

Grave Laid out by: Norman Fey

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: [signature] Date: 3-26-04

E- 18393

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Thomas	Melvin	Adams	08/16/1932	03/24/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Kim Blazer, Daughter 770 Wyandotte Avenue Logan, Ohio 43138

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ I [illegible]	03/26/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	03/26/2004 B. Campbell	2406018 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-29-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. James	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need paid

Date 3/26/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Maria Hawke 227640

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot ~~164~~ 137 Grave ~~2~~ 9 Row Section 1 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases - Marker setting fee Paid See R-57371	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57370	1833.20
Balance due	Ø

PAID MAR 26 2004 MOUNT HOPE CEMETERY

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

David G. Taylor 227639

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: David G. Taylor

Address: 2019 54th St.

City: S.D. Ca. Zip Code: 92105

Telephone: 619 262 4596

Rawlette

Work Order # E 18394

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 03-29-04A09:40 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth L. Davis 227649

in a liner (Type of Burial Container) Funeral, date, time Fri 4/2 1:00

Church, Chapel, Graveside _____ : Bishop Mortuary.

All Funeral cars must arrive before ~~6:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 115 Grave 2 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57373	1833.20
Balance due	00

PAID

MAR 29 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Pam

X Willa Davis Lone
Signature

X 415 Iona DR
Address

X San Diego ca 92114
City Zip Code

X 619) 269-3462
Telephone

Invoice # _____

Work Order # E 18395

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY C-18 395

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Silas					
			X			Bed Lon
			Antibus	Smith		

Blind Check Initiated By: Pam Date: 3/29

Interment space for: Kenneth Davis

Interment Date: Fri 4/2 Time: 1:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 115 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

flag on grave

Blind Check & Verified By: R. Lt. Brown Date: 3/30/04

E 18395

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Kenneth	Lamar	Davis	06/29/2969	03/24/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Willa Davis, Mother 415 Iona Drive San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Bishop Mortuary 3444 Citrus Street, Lemon Grove, CA 91945	FD-1673	▶ [signature]	03/30/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	G. Mitchell 03/30/2004	▶ 2406133

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4/6/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pro Rec'd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
03-29-04 P02:16 IN
Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert H. Hille 221453

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 71 Grave 3 Row _____ Section 14 Division/Block 7

Grave space & Care Fund 1535

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

PAID

MAR 29 2004

MOUNT HOPE CEMETERY

Total Due 1535

Paid receipt number Rec 1535

Balance due 0

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Robin Harrington

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

221452

X Robin L. Harrington
Signature

X 1455 Bridgecreek Dr.
Address

X Sacramento CA 95833
City Zip Code

X (916) 205-3248 cell
Telephone

Pam

Work Order # E 18396

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need In the grave of Selma Long

Date 3/30/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elethia Holifield 227667

in a liner (Type of Burial Container) Funeral, date, time Friday April 2 1:00

Church, Chapel, Graveside ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 100 Grave 7 Row _____ Section 2 Division/Block 7

B-232

Grave space & Care Fund		Ø
Additional spaces and care fund		—
Opening/Closing & Setup	D-6439	Ø
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording and filing fee	D-6439	—
Sales taxes	"	—
Total Due		Ø
Paid receipt number		—
	D-6439 Balance due	Ø

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Paulette

Invoice # _____

Work Order # E 18397

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-18397

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Valentine			
Long	Long		X	King	Goodwin	Goodwin
		Payne	Alcorn	Ostey		
				Thompson		

Blind Check Initiated By: Paulette C. Date: 3/30/04

Interment space for: ELETHIA HOLLFIELD

Interment Date: Friday April 2 Time: 1:00

Div: 7 Sect: 2 Blk/Row: ____ Lot: 100 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: ____ Date: ____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need In the grave of Uselma Long

Date 3/30/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elethia Holifield

in a liner (Type of Burial Container) Funeral, date, time Friday Apr. 2 11:00

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 100 Grave 7 Row B-232 Section 2 Division/Block 7

Grave space & Care Fund		Ø
Additional spaces and care fund		—
Opening/Closing & Setup	D-6439	Ø
Burial Container	"	—
Handling Fee	"	—
Flower vases – Marker setting fee		—
Recording and filing fee	D-6439	—
Sales taxes	"	—
Total Due		Ø
Paid receipt number D-6439		—
Balance due		Ø

I hereby certify I am the x Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

x Felicia M. McPherson
Signature

x 3450 "C" Street
Address

x San Diego, CA 92102
City Zip Code

x (619) 239-1945
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Paulette

Work Order # E 18397

Invoice # _____

Acct. # _____

REA-104 (7-86)

This information is available in alternative formats upon request.

E 18397 15

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Elethia	-	Holifield	10/06/1900	03/27/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Delcia McPherson, Sister 3450 C Street San Diego,.CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	[illegible]	03/30/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	04/01/2004 B. Campbell	2406250

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4-2-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

03-30-04P02:19 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniela Lopez 22 Yrs

in a liner (Type of Burial Container) Funeral, date, time Thurs. 4/1 10:00

Church, Chapel, Graveside _____ ; Aztlan Mortuary.

All Funeral cars must arrive before ~~6:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 69 Grave 20 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 –
Additional spaces and care fund	
Opening/Closing & Setup	443 –
Burial Container	209 –
Handling Fees	160 –
Flower vases – Marker setting fee	
Recording and filing fee	50 –
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57381	1833.20
Balance due	0

PAID

APR 01 2004

MOUNT HOPE CEMETERY

I hereby certify I am the [X] mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[X] Silvia Rubio
Signature

[X] 3842 1/2 Estrella Ave
Address

[X] San Diego CA 92105
City Zip Code

[X] (619) 284-4934
Telephone

Pam

Invoice # _____

Work Order # E 18398

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Mt Hope Cemetery must receive payment in full by 9:00 a.m. on Thursday April 1st or contact is void.

x Silvia Rubio

MT HOPE CEMETERY E 18398

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Waddell	Cooper			
Ford			X		Anderson	
	Wilson		Price	Zanter		

Blind Check Initiated By: Pam Date: 3/30

Interment space for: Daniela Lopez

Interment Date: Thurs 4/1 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 69 Gr: 10

Grave Laid out by: Norman Fenger

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

place on grave

Blind Check & Verified By: M. [illegible] Date: 4/1/04

E-18 398

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Fd

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Felsil	Daniela	Lopez	03/08/1989	03/26/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Silvia Guadalupe Rubio-Mother 3842½ Estrella Ave. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, Ca 91941	FD-1658

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Leah A Mata	03/30/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	Leah A. Mata 03/30/2004	▶ 2406121

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

04-01-04 A08:42 Date 4/1/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALLEN L. DAVIS 227674

in a T.J. Vault (Type of Burial Container) Funeral, date, time MON. APRIL 5, 12:00

Church Chapel Graveside ; SD Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

PC Lot ~~32~~ 94 Grave ~~A~~ 6 PC Row _____ Section 1 Division/Block 12

PAID

APR 02 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases Marker setting fee 57392	138
Recording and filing fee	50.00
Sales taxes	21.31
Total Due	2086.31 ~~1948.31~~ PV
Paid receipt number R57385	2086.31
Balance due	0

Fax to Mortuary Mkr. to pay Encroaching on grave number 6

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

(See attached)

Paulette

Invoice # _____

Work Order # E 18399

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

04-01-04 A08:42 Date 4/1/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALLEN L. DAVIS

in a T.J. Vault (Type of Burial Container) Funeral, date, time MON. APRIL 5, 12:00

Church/Chapel/Graveside _____ ; SD Memorial Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Lot 35 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	418.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	21.31
Total Due	1948.31

Fax to Mortuary Mgr. to pay

Paid receipt number _____

Balance due _____

I hereby certify I am the x Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Mattie L. Davis
Signature
x 5432 San Onofre Terr
Address
x San Diego, CA 92114
City Zip Code
x 619-263-8373
Telephone

Paulette

Work Order # E 18399

Invoice # _____

Acct # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18399

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. CEMETERY WAS NOT INFORMED OF OVERSIZED CASKET - HAD TO CHANGE GRAVE #

		JOSEPH COUNTS		JOE WILLIAM		
			X			
			HENRY FACKEY		ALICE BREWER	

Blind Check Initiated By: [signature] Date: 4-5-04

Interment space for: ALLEN S. DAVIS

Interment Date: 4-5-04 Time: 3:45

Div: 12 Sect: 1 Blk/Row: ____ Lot: 94 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 4-5-04

E-18399 43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FD

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALLEN	LEROY	DAVIS	11/23/1960	03/29/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MATTIE DAVIS-MOTHER 5432 SAN ONOFRE TERRACE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	03/30/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/01/2004 J. LEMON JR.	▶ 2406251

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 4:05	11B. DATE BURIED 4-5-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-01-04A09:11 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry Davis, 227473

in a DD 1st Funeral, date, time Fri 4/2 11:00

Type of Burial Container

Church, Chapel, Graveside Greater Apolstic CA Burial Mortuary.

All Funeral cars must arrive before ~~3:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 176 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	985 —
Additional spaces and care fund	L
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	32.40
Total Due	2250.40
Paid receipt number R-57387	2250.40
Balance due	Ø

PAID

APR 01 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pays

I hereby authorize the interment in lot I hold under deed.

_____

Signature of recorded holder of deed

Pam

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Invoice # _____

Work Order # E 18400

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-01-04A09:11 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry Davis

in a DD 1st Funeral, date, time Fri 4/2 11:00

Type of burial Container

Church, Chapel, Graveside Greater Apolstic CA Burial Mortuary.

All Funeral cars must arrive before ~~6:00~~ 3:00 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	985 —
Additional spaces and care fund	L
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	32.40
Total Due	2250.40

Paid receipt number _____

Balance due _____

I hereby certify I am the x [signature] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Delores Williams

I hereby authorize the interment in lot I held under deed.

Signature of interment letter of case

Pam

Mother

Signature

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 18400

Acct. # _____

RBA-10a (7-98)

This information is available in alternative formats upon request.

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E18400

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LARRY	DARNELL	DAVIS	02/01/1959	03/26/2004	M

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: DELORIS LA VERGNE WILLIAMS-MOTHER, 4998 DEATON DRIVE, SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD, SAN DIEGO, CA 92115

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1357

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT — Person taking permit: ▶ [signature]

8B. DATE SIGNED: 03/30/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 03/30/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: M. MITCHELL ▶ 2406183

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: VITAL RECORDS/PO. BOX 85222, SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: –

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED: 4-2-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMA ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE: –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

[18400

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.

			Austin		Benson	
			X			Veterans
	Gaines					

Blind Check Initiated By: Pam Date: 4/1

Interment space for: Larry Davis

Interment Date: Fri 4/2 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 176 Gr: 7

Grave Laid out by: Norman F.

Agrees with Legal Card: ☒ Yes ☐ No flagon grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4/1/04

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

04-01-04A11:33 PAID Date 4/1/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marie Sherman 227471

in a liner (Type of Burial Container) Funeral, date, time Fri. April 2 11:00

Church, Chapel, Graveside ; Bishops Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 8 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	415.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57383	1833.20
Balance due	Ø

PAID APR 01 2004 MOUNT HOPE CEMETERY

FUK 466-4461

I hereby certify I am the Fiance of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Ernest L Jackson
Signature

X 5060 53rd St. #63
Address

X San Diego 92105
City Zip Code

X 619 229 9604
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Paulette

Work Order # E 18401

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E18401

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			
					Jenkins	
			Brown			

Blind Check Initiated By: Pam Pawlett Date: 4/1 3/30

Interment space for: Marie Sherman

Interment Date: Fri 4/2 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 8 Gr: 3

Grave Laid out by: Norman F.

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

I/ug

Blind Check & Verified By: [signature] Date: 4/1/04

E18401
1/1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Marie	-	Sherman	09/02/1937	03/26/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Charles Sherman, Husband 354 Langley Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Bishop Mortuary 3444 Citrus Street, Lemon Grove, CA 91945	FD-1673	▶ Tatuma Lamar	04/02/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	K. Lamar 04/02/2004	▶ 2406400

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 4/2/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL M. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
04-01-04P01:47 RCVD
Date _____

227460 227461

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dennis Fuao & Judy K. Shimamoto

in a Ash vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 5286 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund		1205 —
Additional spaces and care fund		
Opening/Closing & Setup	116 — x 2	232 —
Burial Container	61 — x 2	122 —
Handling Fees	66 x 2	132 —
Flower vases – Installing fee	12 x 30	213.87
Recording and filing fee	50 — x 2	100 —
Sales taxes	4.73 x 2	9.46
Total Due	2014.30	~~1800.46~~ PH
Paid receipt number	VISA	2014.30
Balance due		0

PAID APR 01 2004 MOUNT HOPE CEMETERY

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Pam

Judy K. Shimamoto
Signature
1072 Camino del Sol
Address
San Marcos, Ca 92069
City Zip Code
(760) 295-2941
Telephone

Invoice # _____

Work Order # E 18402

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

D.I.P ingrave of Dolores Clark At NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 04-05-04 08:16 CUT

Date 4/5/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VERNE M. CLARK 207252

in a LINER (Type of Burial Container) Funeral, date, time 4/8/04 Thur. ~~AYD~~ 2:00 p.c.

Church, Chapel, Graveside DELIVERY Only ; GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 3196 Grave 1 Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund D-1679	0
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	848.30
Paid receipt number R57419	848.30
Balance due	0

PAID

APR 08 2004

MOUNT HOPE CEMETERY

Visa 4/13

Fax to 360) 736-4648 1800736-3317 Cathy Matthews

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Mort to bring check.

Paulette

Invoice # _____

Work Order # E 18403

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

D.P. ingrave of Dolores Clark At DEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/5/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VERNE M. CLARK

in a LINER (Type of Burial Container) Funeral, date, time ~~AYD~~

Church, Chapel, Graveside DELIVERY ONLY ; GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 3196 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund D-1679	0
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number	
Balance due	

Fax to (360) 736-4648 1800 736-3317 Cathy Matthews

I hereby certify I am the Daughter of Verne M. Clark of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Marie Neilson
Signature

I hereby authorize the interment in lot I hold under deed.

Marie Neilson
Signature of recorded holder of deed

PO Box 775
Address
Rochester, WA 98579
City Zip Code
360-273-3442
Telephone

Paulette

Work Order # E 18403

Invoice # _____

Acct. # _____

REA-104 (7-96) *This information is available in alternative formats upon request.*

Check for $848.20 will accompany the deceased Greenwood Mortuary (Terry Cox) will deliver CA. Permit check & casket of deceased Thursday April 8, 2004.

E 18403

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.

			Buttles	Buttles		
			X	Smith	Brown	
			Weaver			

Blind Check Initiated By: Paulette Date: 4/6/04

Interment space for: Verne Clark

Interment Date: 4-8-04 Time: Delivery Only

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3196 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: DARREYL Date: 4-6-04

E 18403

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
VERNE	MILES	CLARK	06/18/1912	04/03/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CENTRALIA	WA	MARIE NIELSEN-DAUGHTER PO BOX 775 ROCHESTER, WA. 98579

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843	▶ LC R Z	04/07/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/07/2004 K JONES	2406654 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 4-8-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim E. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 4/5/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lela Marsh 214159

In a T.S. Vault (Type of Burial Container) Funeral, date, time April Thurs 8, 11:00

Church, Chapel, Graveside Delivery Only ; Humphrey's Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 672 Grave 1 Row _____ Section 1 Division/Block 8

Grave space & Care Fund	E-14457	Ø
Additional spaces and care fund		—
Opening/Closing & Setup	" "	—
Burial Container	" "	—
Handling Fees	" "	—
Flower vases – Marker setting fee	PAID R-57429	—
Recording and filing fee	" "	—
Sales taxes	" "	—
Total Due	E-14457	Ø
Paid receipt number		—
Balance due	" "	Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Work Order # E 18404

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E18404

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.

Gibson	Pich	MARSH	X	whetstine	whetstine	
			tunison	Coonce		

Blind Check Initiated By: Paulette Date: 4/6/04

Interment space for: Lela Marsh

Interment Date: 4-8-04 Time: 11:00 Delivery

Div: 8 Sect: 1 Blk/Row: ____ Lot: 672 Gr: 1

Grave Laid out by: Norman Fenton

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARRYL Date: 4-6-04

E 18404

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LELA	M.	MARSH	04/10/1912	04/01/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	WILBUR C. UTSLER (SON) 1959 DENVER STREET SAN DIEGO, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶	04/05/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/06/2004 SANDRA PENA	2406533 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO: P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 4-8-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-05-04A10:07 Date PAID

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah Garcia 227681

in a DO 1st (Type of Burial Container) Funeral, date, time Wed 4/7 1:00

Church, Chapel, Graveside Rudalupano Mortuary.

All Funeral cars must arrive before ~~9:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Lot 171 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	48 —
Handling Fees	352 —
Flower vases – Marker	
Recording and filing fee	50
Sales taxes	32.40
Total Due	2250.40
Paid receipt number R57399	2250.40
Balance due	—

PAID
APR 05 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Olivia Alvarez

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X [signature]
Signature

X 780 West G Street 179
Address

X San Diego 92101
City Zip Code

X 619 · 230 · 1679
Telephone

Invoice # _____

Work Order # E 18405

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 18405

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Miller	Edwards		true	
			X		Parson	

Blind Check Initiated By: Pam Date: 4/5

Interment space for: Sarah Garrison

Interment Date: Wed 4/7 Time: 1:00

Div: 10 Sect: 2 Blk/Row: ____ Lot: 171 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: C Dawson Date: 4-5-04

E 18405
104

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SARA	-	GARCIA-GUERRERO	12/16/1939	04/02/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	OLIVIA ALVAREZ-DAUGHTER 780 WEST G ST.APT#179 SAN DIEGO,CA.92101

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA.92102	FD-1425	Selene Chavez	04/06/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/06/2004	SELENE CHAVEZ 2406601

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222 SAN DIEGO,CA.92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST. SAN DIEGO,CA.92102	11B. DATE BURIED 4-7-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

PC. At Need
~~Pre-need~~
paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-05-04 A09:4 IN

Date 4-5-04

227695

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PC. ~~Rebecca~~ MARTIN DEL CAMPO, FRANCISCO

in a D.D. CRYPT A (Type of Burial Container) Funeral, date, time APRIL 13th Tues 10.00

Church, Chapel, Graveside _____ : BAYVIEW Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned. _____

Lot 90 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	-
Opening/Closing & Setup (2) @ 413.00 each	826.00
Burial Container	418.00
Handling Fees	352.00
Flower vases - Marker setting fee	138.00
Recording and filing fee (2) @ 50.00 each	100.00
Sales taxes	32.40
Total Due	2851.40
Paid receipt number R-57397	2851.40
Balance due	Ø

PAID

APR 05 2004

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Michael M Del Campo
Signature

4102 Florida St.
Address

San Diego 92104
City Zip Code

619 2974896
Telephone

ARRIVAL 12:00
Paulette

Invoice # _____

Work Order # E 18405B

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 18405B

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.

			Griffin		Waddell	
	Heitman		X	Hayes		
		Hoopes				

Blind Check Initiated By: Paulette Date: 4/8/04

Interment space for: Francisco M. Del CAMPO

Interment Date: 4-13-04 Time: 10:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 90 Gr: 7

Grave Laid out by: Norman Fam

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: C Waller Date: 4-9-04

E 18405 B

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANK	XAVIER	MARTIN DEL CAMPO	02/04/2000	03/31/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	REBECCA MARTIN DEL CAMPO - WIFE 2464 CAPITAL AVE. SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW CREM. & BURIAL, 7510 CLAIREMONT MESA BLVD. #109, SAN DIEGO, CA 92111	FD-1661	▶ [signature]	04/05/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/05/2004 R.MARTINEZ	2406486 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-12-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61298

Date: November 12, 20 08

From: Rebecca Martin Del Campo Address: Florida Ave, SD CA 92102

One Hundred Dollars ($ 123.84)

in Full Payment of Services of Nicheal Arnold

Div 12 Sec 2 Blk/Row Lot 90 Grave 7

Invoice No.

Acct. No. E-78405.B

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AP 24205A
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 12 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	123.84 MISC. Fe
Sales Tax	60101	
	78390	
TOTAL PAID	$	123.84

AC-212A (11-05)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04/05/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Allen L. Davis

in a Top Seal Vault #7 (Type of Burial Container) Funeral, date, time Monday April 5

Church, Chapel, Graveside _____ ; S.D. Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 94 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	--------
Opening/Closing & Setup *	826.00
Burial Container Oversize Top Seal Vault #7	578.00
Handling Fees	220.00
Flower vases – Marker setting fee	138.00
Recording and filing fee	50.00
Sales taxes	44.80
Total Due	2841.80
Paid receipt number E-18399 Credited	2086.31
Balance due R-51556	755.49

*Includes 2nd Opening/Closing fee location.

PAID

MAY 17 2004

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

(SEE ATTACHMENTS)

Signature

Address

City Zip Code

Telephone

I hereby authorize the interment in lot 1 hold under deed.

Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18406

REA-104 (7-96)

This information is available in alternative formats upon request.

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OFFICE COPY

E18406

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

04-06-04 A08:25 OUT

STATEMENT

TELEPHONE: 527-3400

DATE	YOUR ORDER NO.
April 5, 2004	E-18406

TO:

San Diego Memorial Chapel
2441 University Avenue
San Diego, CA 92104

DESCRIPTION OF CHARGE	AMOUNT
The original interment order E-18399 was voided with the credit of $2,086.31 applied to new interment order E-18406 leaving a balance due in the amount of $755.49 for the services of Allen L. Davis.	$755.49

Pre-need lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-06-04A09:42 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beverly Avery 227676

in a TS vault Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1405 Grave 1 Row _____ Section _____ Division/Block 10

Grave space & Care Fund	1095 -
Additional spaces and care fund	
Opening/Closing & Setup	443 -
Burial Container	275 -
Handling Fees	204 -
Flower vases – Marker setting fee	138 -
Recording and filing fee	50 -
Sales taxes	21.31
Total Due	2196.31
Paid receipt number R57406	2196.31
Balance due	-0-

PAID

APR 06 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Beverly J. Avery
Signature

X 5748 Weymouth Way
Address

Oceanside CA 92057
City Zip Code

X (760) 757-9824
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Pam

Work Order # E 184063

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

Pre-need lot/trust

11-18-04 City of San Diego
~~01-01-90~~ A12:01 OUT Date 4/6/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mary Ann Boykins 227686

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : S.D. Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot 89 Grave 3 Row Section 2 Division/Block 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-5748	1833.20
Balance due	0

PAID
APR 06 2004
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature (See Attached)

Address

City Zip Code

Telephone

Paulette

Work Order # E 18407

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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E 18407

San Diego Memorial Chapel
FD-1575
2441 University Avenue
San Diego, CA. 92104-2721
Telephone: (619) 692-3090 FAX: (619) 692-0896

Order of Release

To: Care with Dignity Date Feb 23 2004

The Undersigned hereby Certifies and represents that they are the legal custodian of the human remains and have the right to make this authorization in accordance with the **Health and Safety code, Chapter 3, section 7100, State of California**, and that I am Related to the decedent as indicated below.

The Undersigned further agrees to hold ***SAN DIEGO MEMORIAL CHAPEL*** *harmless* For any liability on account of said authorization.

It is my desire and request that the remains of:

Mary Ann Boykin
(Name of Deceased)

Be released to **SAN DIEGO MEMORIAL CHAPEL** and is a voluntary action on my part, strictly in accord with my own desires. There has been no solicitation or effort made by a representative of their firm to influence me to make this decision.

VASHTI ANN REED — Vashti Ann Reed
Name — Signature

Daughter
Relationship to Deceased

8563 Fireside Ave — (858) 278-2425
Address — Phone

San Diego — CA — 92123
City — State — Zip Code

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-06-04A10:01 PAID Date 4/6/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Kendall @ 227778

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 5/17

Church, Chapel, Graveside Delivery Only; Chapel of the Times Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 47 Grave 6 Row _____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund A-2939	Ø
Additional spaces and care fund	---
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	---
Recording and filing fee	50.00
Sales taxes	4.73
Total Due Visa Card	297.73
Paid receipt number "	297.73
Balance due	Ø

PAID

APR 06 2004

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Paulette

Signature _____

Address _____

City _____ Zip Code

Telephone _____

see attached

Invoice # _____

Work Order # E 18407 A

Acct. # _____

REA-104 (7-98)

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E 18407A

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

04-06-04A10:01 PAID Date 4/6/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Kendall ⊗

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD

Church, Chapel, Graveside Delivery Only : Chapel of the Times Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 47 Grave 6 Row _____ Section 4 Division/Block 6

Grave space & Care Fund A-2939	⊖
Additional spaces and care fund	---
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	---
Recording and filing fee	50.00
Sales taxes	4.73
Total Due Visa Card	297.73
Paid receipt number "	297.73
Balance due	⊘

PAID

APR 06 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Joyce Kay Freitas of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Paulette

Joyce Kay Freitas
Signature

2421 88th AVE
Address

Oakland, Ca, 94605
City Zip Code

510 562-9836
Telephone

Date 4-14-04

Invoice # _____

Work Order # E 18407

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E18407A

w/ Christine

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.

		Ball		Kelsey		
		Cowad	x		Aarnitt	
		Kendall				

Blind Check Initiated By: Pam Date: 5/17

Interment space for: Anna Kendall

Interment Date: _____ Time: AYD

Div: 6 Sect: 4 Blk/Row: ____ Lot: 47 Gr: 6

Grave Laid out by: [signature]

Agrees with Legal Card: ☑ Yes ☐ No

flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 5/17/04

E18407A 18

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNA	JULIA	KENDALL	11/21/1901	10/27/1980	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN LEANDRO	ALAMEDA	RICHARD KENDALL - SON 9781 NEW CHICAGO DRYTOWN, CA 95699

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
CHAPEL OF THE CHIMES HAYWARD, CA 94544	FD 1240

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized under Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Ann Suarez	04/29/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	A. SUAREZ 04/29/2004	▶ 49894

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	3851 ROSECRAN ST. SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-17-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Atpud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
04-07-04A09:24 PAID
Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry Ward 227463

in a TS Vault (Type of Burial Container) Funeral, date, time Thus 4/8 11:00

Church, Chapel, Graveside _____ : Paris Mortuary.

All Funeral cars must arrive before ~~8:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 88 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	985
Additional spaces and care fund	
Opening/Closing & Setup	413
Burial Container	275
Handling Fees	204
Flower vases ~~Marker setting fee~~	138
Recording and filing fee	50
Sales taxes	21.31
Total Due	2086.31
Paid receipt number R 57442	2086.31
Balance due	0

PAID
APR 07 2004
MOUNT HOPE CEME

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Heather Ward

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____
X 2962 S. Yucca St.
Address
X CHANDLER AZ. 85248
City Zip Code
X 480-821-4700
Telephone

Invoice # _____

Work Order # E 18408

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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F 18408

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.

			Jenkins	Sanford		
	✓	Fred	x	Milega		Farmer
		Timmy	Billbury			

Blind Check Initiated By: Pam Date: 4/6

Interment space for: Larry Ward

Interment Date: Thurs. 4/8 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 88 Gr: 4

Grave Laid out by: Norman Pe[illegible]

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY/ Date: 4-7-04

E 18408

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LARRY	HARDY	WARD	03/09/1945	04/04/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LARRY WARD JR - SON 29812 TEAL RD CAMPO, CA 91906

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PARIS FREDERICK MORTUARY 374 N. MAGNOLIA AVE, EL CAJON, CA 92020	FD-795	▶ Jackie Kozica	04/07/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/07/2004	2406700 JACKIE KOZICA ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P O BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEGO, CA 92102	11B. DATE BURIED 4-8-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need Lot & trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-07-04P02:39 RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances Mercer 227678

In a TS Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 157 Grave 12 Section 2 Division/Block 10

PAID

APR 2 1 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container 302.50	~~275~~ pH
Handling Fees	226 —
Flower vases — Marker setting fee Trim	138 —
Recording and filing fee	50 —
Sales taxes	23.44
Total Due	2137.94
Paid receipt number R57417	by Vis 138. 1999.94
Balance due	487.00
	1512.94

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Tannie M Jet
Signature

X 1639 Jackson Hill Ct
Address

X El Cajon CA 92021
City Zip Code

X 619-593-6552
Telephone

Invoice # _____

Work Order # E 18409

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

221677

E-18409

JETER, TAMMIE 1639 Jackson Hill Ct El Cajon 92021 (619)593-6552

		CREDIT	DEBIT	BALANCE
04-07-2004	Opened pre-need Lot and trust to include open/close, TS vault, handeling fee, recording fee, marker set fee, Trion vase and tax w/ 25% down. R-57417	985.00 138.00 51.63 963.31	625.00	1512.94
4/20	cf Visa		1562.94	-0-

PAID

APR 20 2004

MOUNT HOPE CEMETERY

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-07-04P01:4 Date RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Las Valentine 225049

in a Liner (Type of Burial Container) Funeral, date, time Mon 4/12 11:00

Church, Chapel, Graveside : Greenwood Mortuary.

All Funeral cars must arrive before ~~3:30 p.m.~~ 3:00 of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 26 Grave S ~~Row~~ BLK D Section _____ Division/~~Block~~ Roof

Grave space & Care Fund ..... A 5976 ..... —0—

Additional spaces and care fund ..... PAID ..... _____

Opening/Closing & Setup ..... 413 —

Burial Container ..... APR 07 2004 ..... 204 —

Handling Fees ..... 160 —

Flower vases – Marker set MOUNT HOPE CEMETERY ..... _____

Recording and filing fee ..... 50 —

Sales taxes 16.80

Total Due 848.80

Paid receipt number Usa 848.80

Balance due —0—

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Dan

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 18409 B

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18 409B

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.

		Whitlow	Latour	Michener		
			X	Borgo		

Blind Check Initiated By: Pam Date: 4/7

Interment space for: Lois Valentine

Interment Date: Mon 4/12 Time: 11:00

Div: IOOF Sect: ____ Blk/Row: D Lot: 26 Gr: 5

Grave Laid out by: Damon Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on space

Agrees with Map: ☒ Yes ☒ No markers off

Blind Check & Verified By: [illegible] Date: 4/7/04

E18049B
94

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LOIS	ALA	GOODHUE VALENTINE	04/11/1909	04/06/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PROVO	UTAH	SHERRY ALIUS-GRANDDAUGHTER 1908 S. NEVADA AVE. PROVO, UTAH 84606

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO, CA. 92102	FD 843	▶ (C L 2	04/08/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/09/2004 K JONES	2406803 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 4-12-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/8/04

04-08-04 A07:50 IN

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marshall McCue 227692

in a T.S. Vault (Type of Burial Container) Funeral, date, time Mon. April 12 1:00

Church, Chapel, Graveside New Creations : Ragsdale Mortuary.

All Funeral cars must arrive before ~~3:00~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 117 Grave 10

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R57418	1948.31
Balance due	0

PAID

APR 08 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Minnie McCue

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

x Minnie McCue

Print Name

x 5859 Duluth ave

Address

x San Diego Ca 92114

City Zip Code

(619) 262 7913

Telephone

Invoice # _____

Work Order # E 18410

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 18410

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.

		Palmer	King	Johnson		
	Hollis		X	Yarbrough	Smith	
		Miller	Miller	Tate		

Blind Check Initiated By: Pam Date: 4/8/04

Interment space for: Marshall McCue

Interment Date: 4-12-04 Time: 1:00 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 117 Gr: 10

Grave Laid out by: Norman Ferrell

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: C Warren Date: 4-9-04

E 18410

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Marshall	Louis	McCue	02/26/1921	04/02/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Minnie L. McCue, Wife 5852 Duluth Avenue San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	04/07/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	04/09/2004 B. Campbell	2406800 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4-12-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At-need

Date 4/8/

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty Willman ~~X~~ 227744

In a ASH VAULT (Type of Burial Container) Funeral, date, time Thurs. April 29th 11.00

Church, Chapel, Graveside : Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 24 Grave 44

Grave space & Care Fund	330.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	138.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	765.73 ~~627.73~~ PC
Paid receipt number M/C	765.73
Balance due	Ø

PAID
APR 08 2004
MOUNT HOPE CEMETERY

I hereby certify I am the ~~Self~~ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Terrie M Small
Signature

FO650886 6-08

Paulette

Terrie M. Small
Print Name
5051 Marlborough Drive
Address
San Diego
City
Ca
Zip Code 92116
Telephone (619) 280 4256

Invoice # _____

Acct. # _____

Work Order # E 18411

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18411

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.

		~~Webb~~	x			
		Webb		Lockhart		

Blind Check Initiated By: Paulette Date: 4/19

Interment space for: BETTY WILLMAN ⊗

Interment Date: 4/29/04 Time: 11:00 G.S.

Div: 11 Sect: 2 Blk/Row: ____ Lot: 24 Gr: 44

Grave Laid out by: ____

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: M. [illegible] Date: 4/19/04

E 18411

74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Elizabeth	Marie	Willman	08/15/1929	02/27/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	Los Angeles	Carol Willman (Daughter) 19721 W. Scarlett Meadow Dr. Newhall, CA 91321

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115	FD-1083	▶ M. Domingo	04/22/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13/00	04/22/2004 M. Dominguez	2407627 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. Figueroa Street Los Angeles, CA 90012	P.O. Box 85222 San Diego, CA 92115

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4 29 04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud estate

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 04-08-04 12:54 RCVD

Date _____

227701 PA

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank Lucas (estate - Ellen)

in a liner (Type of Burial Container) Funeral, date, time Wed 4/14 9:00

Church, Chapel, Graveside del only ; Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot ~~43~~ 35 Grave ~~#~~ PH 11

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees Ellen B.	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases - Marker setting fee	138 —
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1971.20
Paid receipt number 244727	1971.20
Balance due	0

Country billed 4/14/04

paid 4/18/04

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Dam

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # 397471

Work Order # E 18412

Acct. # 000952

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18412

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.

		Lovette				
		Gooden	x	Shordicky		
	tree		Medina	Wassie		

Blind Check Initiated By: Pam Date: 4/8

Interment space for: Frank Lucas

Interment Date: Wed 4/14 Time: 9:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 35 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

plag on grave

Blind Check & Verified By: C Warren Date: 4-12-04

E 18412

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANK	-	LUCAS	12/02/1930	04/05/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ELLEN BEAUPARLANT - PUBLIC ADMINISTRATOR, 5201A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVE., SAN DIEGO, CA 92103	FD-119	▶ [signature]	04/09/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/09/2004 J.J. CALLAHAN	2406859 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222, SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED: 4-14-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AE Deed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-09-04A11:19 PAID Date 4/9/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cathey Cobbins 227703

in a T S Vault (Type of Burial Container) Funeral, date, time Tues. April 13 11:00

Church, Chapel, Graveside _____ ; Raysdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 16 Blk/Row _____ Lot 88 Grave 11

Grave space & Care Fund	1535.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	2498.31
Paid receipt number E-18408 –	352.73
	2145.58
Balance due R-57425 = 400 –	300.00
	1845.58

PAID

APR 09 2004

MOUNT HOPE CEMETERY

COL C7051665 12-2007 US POI/E6 Indep

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Kim L. Beavers
Signature

Paulette

Kim Beavers
Print Name

4736 Solola ave. #108
Address

San Diego, CA 92113
City Zip Code

(619) 264-2005
Telephone

Invoice # _____

Work Order # E 18413

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18412

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			
	Green		~~Smith~~			
	McEwen	McEwen	Small			

Blind Check Initiated By: Paulette Date: 4/12

Interment space for: Cathey Cebbins

Interment Date: 4-13-04 Time: 11:00 Church

Div: 7 Sect: 16 Blk/Row: ____ Lot: 88 Gr: 11

Grave Laid out by: Norman Forman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: DARREYL Date: 4-11-04

Corda slim
760 AM
thin 219

1800

E18413

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Cathey	Marie	Cobbins	01/07/1950	04/07/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	Stacey L. Cobbins, Son 4565 Logan Avenue #B San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	04/09/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	04/09/2004	2406797 B. Campbell ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4-13-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Noriega		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY 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 Mid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-09-04A09:26 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Allene Byrd 207060

In a DD 2nd (Type of Burial Container) Funeral, date, time Tues 4/13 11:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

All Funeral cars must arrive before ~~3:00 p.m.~~ 3:00 of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 78 Grave 1

Grave space & Care Fund E 9295	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50
Sales taxes	
Total Due	463
Paid receipt number R 57422	463
Balance due	-0-

PAID

APR 09 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Dam

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Invoice # _____

Work Order # E 18114

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

FROM : FAX NO. : Apr. 09 2004 11:47AM P1
NO.441 P2

527-3403

At Mud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-09-04A09:26 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Allene Byrd

in a DD 2nd Funeral, date, time Tues 4/13 11:00

Type of Burial Container

Church, Chapel, Graveside CA Burial Mortuary

All Funeral cars must arrive before ~~[illegible]~~ 3:00 of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 3 Blk/Row _____ Lot 78 Grave 1

Grave space & Care Fund	E 9295	~~0~~
Overtime/Late Arrival Fees		
Opening/Closing & Setup		413
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fee		50
Sales taxes		
Total Due		463
Paid receipt number		
Balance due		

PAID

APR 0 9 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Signature Dam

X Barbara Byrd Blake
First name

X 364 Corral Ct
Address

X Bonita CA 91902
City Zip Code

X 619 475-3000
Telephone

Invoice # _____

Work Order # E 18414

Acct. # _____

FRA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 18414

w/ Jim

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.

		Thompson				
		Johnson	X			Brown
		Peavy		Eugenia		

Blind Check Initiated By: Pam Date: 4/9

Interment space for: Allene Byrd

Interment Date: Tues 4/13 Time: 11:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 78 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4-9-04

E 18414

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ALLENE	-	BYRD	12/11/1938	04/04/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BARBARA BYRD BLAKE-DAUGHTER 364 CORRAL CT. BONITA, CA 91902

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950	FD-1689	▶ Claudette Russ	04/07/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/08/2004 C. RUSS	▶ 2406713

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 4/13/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Fenstermacher	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-09-04A10:43 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Kroesch ⊗ 227714

in a ash vault (Type of Burial Container) Funeral, date, time A40 Mon 4/19

Church, Chapel, Graveside A40 : Russ-Menor Mortuary.

All Funeral cars must arrive before ~~3:00~~ p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 5 Blk/Row _____ Lot 411 Grave 1

Grave space & Care Fund B-551	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116-
Burial Container	61-
Handling Fees	66-
Flower vases – Marker setting fee	
Recording/filing/Transfer Fees	50-
Sales taxes	4.73
Total Due	297.73
Paid receipt number R57423	297.73
Balance due	-0-

PAID

APR 09 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Signature not attached

Invoice # _____

Work Order # E 18415

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-09-04A10:43 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Kroesch

in a ash vault (Type of Burial Container) Funeral, date, time AYD

Church, Chapel, Graveside AYD ; Russ-Monroe Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 5 Blk/Row _____ Lot 411 Grave 1

Grave space & Care Fund	B-551	-0-
Overtime/Late Arrival Fees		
Opening/Closing & Setup		116 -
Burial Container		61 -
Handling Fees		66 -
Flower vases – Marker setting fee		
Recording/filing/Transfer Fees		50 -
Sales taxes		4.73
Total Due		297.73
Paid receipt number	R 57423	297.73
Balance due		-0-

PAID

APR 09 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x neice of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Karen A. Smith
Signature

Karen A. Smith
Print Name

x 4126 Buchanan Dr.
Address

x Fair Oaks, CA 95628
City Zip Code

x (916) 961-9426
Telephone

Invoice # _____

Work Order # E 18415

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 18415

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.

	Vogel			Shaffer		
	LaDue	LaDue	X	Moore		

Blind Check Initiated By: Pam Date: 4/9

Interment space for: Mary Kroesch ⊗

Interment Date: Mon 4/12 Time: AM

Div: 8 Sect: 5 Blk/Row: ____ Lot: 41 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4-19-04

E 18415

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. S
MARY	-	KROESCH	04/20/1921	03/28/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
FOLSOM	SACRAMENTO	KAREN A. SMITH - NIECE 4126 BUCHANAN DRIVE FAIR OAKS, CA 95628

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
RUSS MONROE'S 7960 WINDING WAY, FAIR OAKS, CA 95628	FD 1404	▶ [signature]	04/01/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	M. MONROE 04/01/2004	▶ FAX AUTH # 3525

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
7001 EAST PARKWAY SUITE 650 SACRAMENTO, CA 95823	P.O. BOX 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-19-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CAMELLIA MEMORIAL LAWN, 10221 JACKSON ROAD, SACRAMENTO, CA 95827	12B. DATE CREMATED 4/4/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Pre-need
Lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-09-04P12:32 RCVD

Date _____

227487 227488

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Isidoro + Alberta Lozano

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1679 Grave 1

Grave space & Care Fund		1095 —
Overtime/Late Arrival Fees		
Opening/Closing & Setup	413 x 2	826 —
Burial Container		418 —
Handling Fees		352 —
Flower vases – Marker setting fee	~~50 x 2~~	
Recording/Filing/Transfer Fees	50 x 2	100 —
Sales taxes		32.40
Total Due		2823.40
Paid receipt number	MC	706.00
Balance due		2117.40

PAID
NOV 15 2005
MOUNT HOPE CE

Pd by Phone Visa (11-16-05) Bal 0

I hereby certify I am the X [signature] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature

Pam

X [signature]
Print Name

X 34849 DRYDEN DR
Address

X STERLING HTS MI 48312
City Zip Code

X 586-264-9511
Telephone

Invoice # _____

Work Order # E 18416

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

mailed Deed
11-17-05

227487 0227488 (Contract Expires April 2006)

E-18416

LOZANO, ISIDORO & ALBERTA 34849 Dryden Dr Sterling hts MI 48312 (586)264-9511

			CREDIT	DEBIT	BALANCE
04-09-2004	Open pre-need lot and trust to include open/ close (2), DD Crypt, handeling fee, recordin Fee (2), and tax w/ 25 % down by M/C. DIV 10 LOT 1679 GR 1		1095.00 1728.40	706.00	2117.40
5/3 04		M/C		88.00	2029.40
6/7/04	1 payments	M/C		88.00	1941.40
7/7/04	2 payment	M/C		88.00	1853.40
8-9 04		"		88.—	1765.40
9-7 04		M/C		88.—	1677.40
10/6/04	2 payments	M/C		88.—	1589.40
11/8/04	2 payments "phone"	M/C		88.—	1501.40
1-10-05	1 payment phone	M/C		88.—	1413.40
2-9-05	1 " "	M/C		88.—	1325.40
3-11-05	1 " "	M/C		88.—	1237.40
4-11-05	1 payment phone	M/C		88.—	1149.40
5-11-05	1 " "	"		88.—	1061.40
6/13/05	1 payment phone	M/C		88.—	973.40
7/6/05	1 payment phone	M/C		88.—	885.40
8-10-05	1 payment by phone	M/C		88.—	797.40
9/9/05	1 " " "	"		88.—	709.40
				88.—	621.40

rem to trust

PAID NOV 15 2005 MOUNT HOPE

(over)

			Credit	Balance
10-06-05	payment by phone	M/C	$88.00	$33.40
11-15-05	payment by phone	M/C	$33.40	$0

PAID

NOV 15 2005

MOUNT HOPE CEME

$88.00

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156605644

Trust
E-18416
Div to Lot 1 Sid 2

08/10/85 13:55:04 KEYED

INVOICE#

Pre-Need payment

MC XXXXXXXXXXXX05977

AUTH# 092172 REF# 73682002
AVS: NO AVS REQSTED

MAIL/PHONE $ 88.00

TOTAL $ 88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X_____

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Balance
$797.40 E18416

$88.00 to
trust
E-18416
DIV 10 LOT 1679
LOZANO, Isidoro
pre-need payment

bnons/415

88.00
- so trust account

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

03/11/05 14:39:34 KEYED

INVOICE#

MC XXXXXXXXXXXX05977

AUTH# 011721 REF# 64802001
AVS: NO AVS REQSTED

MAIL/PHONE $ 88.00

TOTAL $ 88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X phone/file

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

DIV. 10 1679

E-18416
pre-need lot/trust
10 ZANO, ALBERTA

E-18416
TO 80% 88.00
Div 10 Lot 1679
pre-need lot/
trust Alberta &
Isidoro Lozano

CITY OF SO-NT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4381322156665644

07/07/09 09:25:13 KEYED

INVOICE#

MC XXXXXXXXXXXX05977

AUTH# 007434 REF# 51902001
AVS: NO AVS REQSTED

MAIL/PHONE $ 68.00

TOTAL $ 88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X MAIL/phone

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E18416

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4381322156865644

05/03/94 10:42:38 KEYED

MC XXXXXXXXXXXX85977

AUTH# 003794 REF# 47902001
AVS: NO AVS REQSTED

SALE $ 88.00

TOTAL $ 88.00

I-AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X Phone Order

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Lozano Premed
20% E 184K

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

08/09/04 09:35:42 KEYED

MC XXXXXXXXXXXX05977

AUTH# 009968 REF# 53502001
AVS: NO AVS REQSTED

SALE	$	88.00
TOTAL	$	88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X Phone Order

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

pre-need
of Alberta/Isidoro
Lozano
$ 88.00 to Trust.

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
*619-527-5474
4301322156665644

10/06/04 15:31:24 KEYED

INVOICE#

MC XXXXXXXXXXXX05977

AUTH# 006979 REF# 56902002
AVS: NO AVS REQSTED

MAIL/PHONE $ 88.00

TOTAL $ 88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X phone/mail

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-18416
Div 10 Lot 1679 gr1

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 11/15/05 TIME: 13:15:25
MERH: 322156665644 STRH: 4301 TERH: 0002
S-A-L-E-S D-R-A-F-T

REF: 0005
BATCH: 024
CD TYPE: MC
TR TYPE: MP

TOTAL: $533.40M

ACCT: **********5977 EXP: ****
AP: 057233

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X.....

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

pd by phone
E-18416
pre-need

E: 18416
Art Not 1679
pre-need
let

CITY OF SD-MT HOPE CEMETERY #6
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

06/13/05 14:59:07 KEYED

INVOICE#

MC XXXXXXXXXXXX05977

AUTH# 013060 REF# 70102004
AVS: NO AVS REQSTED

MAIL/PHONE $ 80.00

TOTAL $ 80.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

phone/pay

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-18416
Lozano, Alberta

Pre-need trust

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

01/10/05 09:57:55 KEYED

INVOICE#

MC XXXXXXXXXXXX05977

AUTH# 010649 REF# 61602001
AVS: NO AVS REQSTED

MAIL/PHONE $ 00.00

TOTAL $ 00.00

ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X phone

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E18416

CITY OF SO-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

I. Lozano pre-need payment

07/06/05 13:44:19 KEYED

INVOICE#

MC XXXXXXXXXXXX05977

AUTH# 006177 REF# 71602003
AVS: NO AVS REQSTED

MAIL/PHONE $ 88.00

TOTAL $ 88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X_____

Alberta + ISIDORO
Pre-need | Lozano

E-18416

10-1679-1

88.00

to trust

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

11/08/04 14:58:16 KEYED

INVOICE#

MC XXXXXXXXXXXX85977

AUTH# 008406 REF# 58702005
AVS: NO AVS REQSTED

MAIL/PHONE $ 88.00

TOTAL $ 88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X Phone / file

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

pre need for
Lozano E18416

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

09/07/04 15:17:28 KEYED

MC XXXXXXXXXXXX05977

AUTH# 007420 REF# 55102003
AVS: NO AVS REQSTED

SALE $ 88.00

TOTAL $ 88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X Phone Order

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E 18416

Lorano pie

CITY OF GD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 09/09/05 TIME: 11:40:40
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 000B
BATCH: 003
CD TYPE: MC
TR TYPE: MP
ENTER INVOICE : 18416

TOTAL: $88.00M

ACCT: **********5977 EXP: ****
AP: 011667 AVS: ZIP MATCH
V-CODE MATCH

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X phone/yell

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Div 10 Lot 1679 Gr 1

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 10/06/05 TIME: 08:33:06
MERN: 322156665644 STRN: 4301 TERN: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 015
C# TYPE: MC
TR TYPE: MP

TOTAL: $88.00M

ACCT: **********5977 EXP: ****
AP: 091320

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X_____
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

pd by phone
Alberta Lozano
Div 10 Lot 1679
pre-need TO Trust
E-18416

E18415

$88 to trust

E 18416
Payment for pre-need
trust account
Alberta Logan

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

02/09/05 09:16:40 KEYED

INVOICE#

MC XXXXXXXXXXXX05977

AUTH# 009170 REF# 63202001
AVS: NO AVS REQSTED

MAIL/PHONE $ 88.00

TOTAL $ 88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

x phone / m/c payment

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E18415

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

05/11/05 11:27:40 KEYED

INVOICE#

MC# XXXXXXXXXXXX05977

AUTH# 011272 REF# 67882001
AVS: NO AVS REQSTED

TOTAL/PHONE $ 88.00

TOTAL $ 88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E18416

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

04/11/05 14:12:27 KEYED

RETRY TRANS

payment by phone
for Logo
Rev 10 1679 GR1
$88.00

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

04/11/05 14:16:56 KEYED

INVOICE#

MC. XXXXXXXXXXXX05977

AUTH# 011869 REF# 66102002
AVS# NO AVS REQSTED

MAIL/PHONE $ 88.00

TOTAL $ 88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-12-04A07:34 Date RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cindy Duque 227709

in a TS Vault (Type of Burial Container) Funeral, date, time Fri 4/16 11:00

Church, Chapel, Graveside Guadalupana Mortuary

All Funeral cars must arrive before ~~3:00~~ p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 7 Grave 2

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	204 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fee	50 —
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R57431	1948.31
Balance due	0

PAID

APR 12 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x BOYFRIED of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Ramon Pineda

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

x [signature]

Print Name

x

Address

x

City Zip Code

x (619) 521 0411

Telephone

Invoice # _____

Work Order # E 18417

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18417

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.

		Horton				
			X			
			Mabrey			

Blind Check Initiated By: Pam Date: 4/12

Interment space for: Cindy Duque

Interment Date: Wed 4/14 Time:

Div: 12 Sect: 1 Blk/Row: Lot: 7 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4-20-14

E18417

23

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CINDY	-	DUQUE	02/07/1981	04/08/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SALVADOR DE LA ROSA-STEPFATHER 4359 ILLINOIS ST. SAN DIEGO, CA. 921034

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	▶ [illegible]	04/15/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13/00	A. [redacted] 04/15/2004	2407202 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 [redacted], CA. 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [X] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED IN (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 4/16/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 04-12-04P12:39 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mona Martin ⊗ 227706

in a _____ Funeral, date, time Thurs 4/15 11:00

Type of Burial Container

Church, Chapel, Graveside ; CA Alternative Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 297 Grave 1

Grave space & Care Fund 330.00

Overtime/Late Arrival Fees .....

Opening/Closing & Setup ..... 116 —

Burial Container .....

Handling Fees ..... 138 —

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees ..... 50 —

Sales taxes .....

PAID

APR 12 2004

MOUNT HOPE CEMETERY

Total Due ..... 634.00 ~~496.00~~

Paid receipt number Visa 634.00 ~~496.00~~

Balance due —

I hereby certify I am the x Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Carol Gavrido

I hereby authorize the interment in lot 1 hold under deed. 227693

Signature

Pam

x Carol Gavrido

Print Name

x Carol M. Garrido

Address

x 14863 Crocker Rd.

City x Poway, Ca. Zip Code 92064

Telephone 858 748-1585

Invoice # cell 858) 229 4963

Work Order # E 18418

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18418

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.

			Meyer			
		Rojas Ramirez		Avila		
		Hemphill	X	Lain		
	Free		Brock	Bottle		

Blind Check Initiated By: Pam Date: 4/12

Interment space for: Simone Martin

Interment Date: Thurs 4/15 Time: 11:00

Div: 8 Sect: 4 Blk/Row: ____ Lot: 297 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: DARREYL Date: 4-13-04

E18418

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mona	J.	Martin	06/10/1918	04/09/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Carol Garrido, Daughter 14863 Crocker Road Poway, CA 92064

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
California Funeral Alternatives 1020 E. Pennsylvania Ave., Escondido, CA 92025	FD 1624

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Sheargeant	8B. DATE SIGNED 04/13/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID $13.00	9B. DATE PERMIT ISSUED 04/13/2004	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2406986 J. Seargeant ▶
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 4-15-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ C Daven	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services, Inc. 2570 Fortune Way, Vista, CA 92083	12B. DATE CREMATED 4/14/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ J W Schock	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

dis

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-12-04P01:19 Date RCVD

You are hereby authorized and instructed, subject to your rules and regulations to inter the remains of Charles Martin @ 201638

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division IOOF Section _____ Blk/Row 14 Lot 123 Grave 43

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... disinterment 231 —

Sales taxes ..... _____

PAID

APR 12 2004

MOUNT HOPE CEMETERY

Total Due ..... 231 —

Paid receipt number Visa 231 —

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Carol Gaurido

I hereby authorize the interment in lot I hold under deed.

Signature

Carol M Gaurido

Print Name

Address

City on file Zip Code

Telephone

Invoice # _____

Work Order # E 18419

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Pls

E18419

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

Blind Check Initiated By: Pam Date: 4/12

Interment space for: Charles Martin

Interment Date: _____ Time: _____

Div: IOOF Sect: ____ Blk/Row: 14 Lot: 123 Gr: 43

Grave Laid out by: ROBERTO BECERRA

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kim F. Jones Date: 4/13/04

E18419

THE CITY OF SAN DIEGO

April 12, 2004

LETTER OF APPROVAL FOR DISTURBING THE REMAINS OF **Charles Martin**

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability relating to the burial of **Charles Martin** in the same burial site as Charles Martin as listed below:

DIVISION: IOOF BLOCK: 14 LOT: 123 GRAVE: 43

We acknowledge that we have been advised that the remains of Charles Martin may not be present and/or intact.

Carol M. Garrido
SIGNATURE(S)

Daughter
RELATION TO DECEASED

Pamela Hatzel
WITNESSED BY

April 12, 2004
DATE

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

At Mid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-12-04 01:23 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Martin 201638

in a _____ Funeral, date, time Thurs 4/13 11:00

Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 297 Grave 1

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee 25.85

Recording/Filing/Transfer Fees ..... 50—

Sales taxes ..... _____

Total Due 75.85

Paid receipt number VISA 75.85

Balance due 0

PAID

APR 12 2004

MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Carol Gaurido

I hereby authorize the interment in lot I hold under deed. 227693

Signature

Carol M. Garrido

Print Name

Address

City On file Zip Code

Telephone

Invoice # _____

Work Order # E 18420

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At end

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
04-13-04A09:26 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Huezo, Rosalio 227707

in a DO 1 st (Type of Burial Container) Funeral, date, time Fri 4/16 9:30

Church, Chapel, Graveside St. Charles ; Pinkham Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Chad 423-4787

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 47 Grave 1

Grave space & Care Fund	E 9626	—
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E 9626	—
Burial Container	Change to DO.	268.—
Handling Fees		207—
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	E 9626	—
Sales taxes		20.02
Total Due		495.02
Paid receipt number R 57438		495.02
Balance due		—

PAID
APR 13 2004
MOUNT HOPE CEMETERY

I hereby certify I am the x niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

x Ana Huezo
Print Name
x 738 Hickory Ct.
Address
x Imperial Beach CA 91932
City Zip Code
(619) 575-4537
Telephone

Invoice # _____

Work Order # E 18421

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18421

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.

		Cormick	Gill	Sagliuzzo		
		Free	X	Walker	Blackburn	
		Perez	Perez	Hernandez		

Blind Check Initiated By: Pam Date: 4/13

Interment space for: Rosario Huezo

Interment Date: Fri 4/16 Time:

Div: D Sect: 2 Blk/Row: Lot: 47 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 4-13-04

E 18421

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSALIO	-	HUERZO	07/13/1930	04/11/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	LOS ANGELES	ANA HUERZO (NIECE) 738 HICKORY COURT IMPERIAL BEACH, CA 91932

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PINKHAM MITCHELL MORTUARY 808 13TH STREET, IMPERIAL BEACH, CA 91932	FD 1178	▶ [illegible]	04/14/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/14/2004	▶ Nancy L Bowen MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 NORTH FIGUEROA STREET ROOM L-1 LOS ANGELES, CA 90012	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) (CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4/16/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-13-04A10:07 RCVD

Date _____

227726

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Greg Pilorin 4/23 ~~11:00~~ 9:30

in a TS. Vault Funeral, date, time Fri 4/16 ~~9:00~~

Type of Burial Container

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 80 Grave 9

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	43 —
Burial Container	275 —
Handling Fees	204 —
Flower vases - Marker setting fee	189.63
Recording/Filing/Transfer Fees	50 —
Sales taxes	21.31
Total Due	2137.94
Paid receipt number R57439	2137.94
Balance due	0

PAID

APR 13 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

x Garry Pilorin
Print Name

x 310 Corte Goleta St
Address

x Chula Vista Ca 91914
City Zip Code

x 619-271-8361
Telephone

Invoice # _____

Work Order # E 18422

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18422

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.

					Montes	
	Flinn		x	tree		
		McBride	Ramos	Phillips		

Blind Check Initiated By: Dam Date: 4/12

Interment space for: Greg Pilorin

Interment Date: Fri 4/16 Time: 9:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 80 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Plag on grave

Blind Check & Verified By: DARREYL Date: 4-14-04

E 18422

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GREG	A	PILORIN	02/19/1926	04/09/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	AURORA PILORIN-WIFE 350 17TH STREET #302 SAN DIEGO CA 92101

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ [signature]	04/14/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/15/2004 V MITCHELL	▶ 2407161

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 4-23-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-13-04A10:07 RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aurora Pilorin 227700

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 80 Grave 10

Grave space & Care Fund 985

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup..... _____

Burial Container ..... _____

Handling Fees..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees..... _____

Sales taxes ..... _____

Total Due 985

Paid receipt number Visa 985

Balance due -0-

PAID

APR 13 2004

MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

Print Name Elizabeth P. Smith

Address 7940 NE Double Hitch Ct

City Bremerton WA 98311 Zip Code

Telephone 360-698-7061

Work Order # E 18423

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Need
EXTRA DEEP
D.I.P

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
04-13-04 A10:12 AM

Date 4/13/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nykia Michelle Smith 227718

in a Liner (Type of Burial Container) Funeral, date, time APRIL 20, TUES 11:00

Church, Chapel, Graveside ; CA BURIAL Mortuary.
St. Luke

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 52 Grave 7

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57456	1833.20
Balance due	-0-

PAID
APR 19 2004
MOUNT HOPE CEMETERY

MORT. to pay

I hereby certify I am the × FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

× [signature]
Signature

× NATHAN SMITH JR.
Print Name
4934 MANOMET ST.
Address
SAN DIEGO CA. 92113
City Zip Code
619 264-3042
Telephone

Paulette

Work Order # E 18424

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18424

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.

				Watson		
		Ross Jr.	X	Johnson		Solon
	McCrea					

Blind Check Initiated By: Paulette Date: 4/16/04

Interment space for: Nyka Smith

Interment Date: 4-20-04 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 52 Gr: 7

Grave Laid out by: [illegible]

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4/16/04

E18424

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NYKIA	MICHELLE	SMITH	11/25/1978	04/11/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NATHAN SMITH JR.-FATHER 4934 MARKET ST. SAN DIEGO, CALIFORNIA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person filing permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD,SAN DIEGO,CA 92115	FD-1357	▶ Marlin Mitchell	04/14/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/15/2004 M. MITCHELL	▶ 2407134

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO,CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 4/20/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Bendermann	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
04-13-04A11:04 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eusebio Ramirez 227102

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 100 Grave 12

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	985 —
Paid receipt number Visa	246 —
Balance due	739 —

PAID
DEC 01 2005
MOUNT HOPE CEME

new address
23009 Forrest Dr.
Perris, CA. 92570

R-55470 Balance

I hereby certify I am the X Eusebio Ramirez of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Ron Robert

X Eusebio Ramirez
Print Name
28380 Patti LN
Address
X Romoland Ca 92585
City Zip Code
X 619-675-4538
Telephone

Invoice # _____

Work Order # E 18425

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

mailed Deed 12-5-05

R-59374

E18425

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 11-3-05, 20 05

From: Ramirez Address: 23009 Forest Dr. Perris CA. 92570

One hundred dollars 00/100 Dollars ($ 100.00)

in PART Payment of Pre-Need lot

Lot 100 Grave 12 Row ____ Section 2 (Division) Block 12

Invoice No. E-18425

Acct. No. ____

W.O. ____

BALANCE DUE $484.00

Pre-Need Lot | | At Need | | On Acct | |

Pre-need Trust | | Cash | | Check | |

mo# 47002747011

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

NOV 03 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	100	00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	00

◀ REMOVE THIS STUB BEFORE CASHING 2 M 84599-43

THE FRONT OF THE DOCUMENT HAS A MICRO PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY

11/03/05 75-1618/919

TravelersExpress. MoneyGram.

INTERNATIONAL MONEY ORDER

4700274701
MONEY ORDER

IMPORTANT - SEE BACK BEFORE CASHING

**100.00
ONE HUNDRED ****
DOLLARS 00 CENTS

PAY TO THE ORDER OF: Mt. Hope Cemetery

PURCHASER, SIGNER FOR DRAWER:
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS: 23009 Forest Dr. Perris CA 92570

Payable Through
Citizens State Bank
of Clara City
Clara City, MN

ISSUER/DRAWER:
TRAVELERS EXPRESS COMPANY, INC

[redacted]

47002747011

pin # 227102 (contract Expires April 2006) #31.00 Monthly 26.00 Final E-18425

23009 Forrest Dr Perris CA 92570-6817

RAMIREZ, EUSEBIO ~~28380 Patti ln Romoland CA 92585~~ (619)675-4538

		DEBIT	CREDIT	BALANCE
04-13-2004	opened pre-need lot w/ 25% down by Visa			
	Div 12 Sec 2 Lot 100 Gr 12	985.00	246.00	739.00
9-[illegible]-04	Coupon # None R-58007 (pd thru Sept 2004)		155.00	584.00
7-28-05	mailed Delinquent notice			
9-7-05	mailed Certified Delinquent notice			
11-3-05	R-59374 (pd Oct Nov, Dec 2004)		100.00	484.00
12-1-05	R-59447 pd Balance in full		484.00	0

PAID

DEC 01 2005

MOUNT HOPE CEMETERY

At Ned

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-13-04A11:28 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Don Bresler ⊗ 227749

in a _____ Funeral, date, time Sat 5/1 2:00

Type of Burial Container

Church, Chapel, Graveside _____ ; American Crematory Mortuary. 283 5843

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 434 Grave 1

Grave space & Care Fund		330 —
Overtime/Late Arrival Fees	231. —	
Opening/Closing & Setup		116 —
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fee		50 —
Sales taxes	R57469 4/22	496. —
Total Due		
Paid receipt number	R57440	496 -
	0	
Balance due		0

PAID

APR 13 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

x Carole Bresler
Print Name

x 4751 67th St #B
Address

x San Diego 92115
City Zip Code

x 619 464-2645
Telephone

Invoice # _____

Work Order # E 18426

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18426
0789

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DON	ALLEN	BRESLER	04/19/1946	03/31/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	MATTHEW A. BRESLER - SON 4751 67th ST. #B SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
AMERICAN CREM. SERV., 6136 MISSION GORGE RD. #210, SNA DIEGO, CA 92120	FD-1752	▶ [signature]	04/09/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00$13.00	04/08/2004 R.MARTINEZ	2406785 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-1-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREM. 192 COMMERCE DR., PERRIS, CA 92571	12B. DATE CREMATED 4-9-2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Michael Hamer	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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 18476

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.

		Booker				
			X			
		Low				

Blind Check Initiated By: Pam Date: 4/13

Interment space for: Don Bresler Ø

Interment Date: Sat 5/1 Time: 2:00

Div: 8 Sect: 4 Blk/Row: ____ Lot: 434 Gr: 1

Grave Laid out by: [illegible]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: [illegible] Date: 4-28-04

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-15-04P12:46 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thaa Saliphiw 227716

in a Liner (Type of Burial Container) Funeral, date, time Mon 4/19 1:00

Church, Chapel, Graveside _____ : Berge Roberts Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 105 Grave 8

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases — Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1833.20
~~m/c~~	~~700.00 PH~~
Paid receipt number	R57450 1833.20
Balance due	~~0~~

PAID

APR 15 2004

R 57458 4/19

MOUNT HOPE CEMETERY

I hereby certify I am the X ~~Mevang~~ granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X MEVANG SALIPHIW
Print Name

X 404 47th St #5
Address

X SandieGO CA 92102
City Zip Code

X (619) 262 0921
Telephone

Invoice # _____

Work Order # E 18427

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18427

77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
THAA	-	SALIPHIW	04/03/1927	04/15/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	MEUANG SALIPHIW - GRANDDAUGHTER 4704 47TH ST #5 SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY, CA 91950	FD-284	▶	04/16/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/19/2004 C. GRIER	2407330 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS.... PO BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 4-17-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Kamar	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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 18427

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		tree		Henson		
		Khanpurbum	x		Palmer	
			Sullivan			

Blind Check Initiated By: Dan Date: 4/15

Interment space for: Thaa Saliphiw

Interment Date: Mon 4/19 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 105 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. [illegible] Date: 4/16/04

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot a trust

Date 4-15-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Rosalinda Gutierrez 227698

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row — Lot 173 Grave 11

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container T.S. vault	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fee	50.00
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R-57452	487.00
Balance due	1461.31

PAID

APR 15 2004

MOUNT HOPE CEMETERY

Paid in full Bal. pd by mastercard on 3/6/06

I hereby certify I am the owner/father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Raul Gutierrez
Signature

Paulette

x RAUL 227697
Print Name

1248 ORANGE AVE
Address

SAN DIEGO CA 92105
City Zip Code

619 5638396
Telephone

Work Order # E 18428

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18428 Contract Expires April 2006 $61.00 monthly F18428
227697 (Pin # 227698) $58.31 Final
Gutierrez, Raul for (Rosalinda Gutierrez) 4248 Orange Av. S.D. CA 92105 (619) 563-8396

DIVISION 12 SECTION 1 LOT 173 GRAVE 11

			DEBIT	CREDIT	BALANCE
4/15/04 Opened pre-need lot & trust. Trust includes:			985.00		985.00
One O/C $413, TS Vault $275, H/F $204, R&F Fee $50,			963.31		1948.31
~~Sales Tax $21.31.~~					
Down Payment R-57452				487.00	1461.31
5-17 04 R 57554	Coupon	1 may 04		61 —	1400 31
6-9 04 R 57637		2 June 04		61 —	1339 31
7/15/04 R-57806		3 July 04		61.00	1278 31
8/16/04 57904	PAID	4 aug 04		61 —	1217 31
9-20 04 58029		5 Sept 04 $3 + 20%		61 —	1156 31
10-19 04 58150	MAR - 3 2006	6 oct 04 $8 + 20%		61 —	1095 31
11-18-04 58246		7 Nov 04		61 —	1034 31
12-20-04 58339		8 Dec 04		61 —	973 31
1/14/2005 58414	MOUNT HOPE CEMETERY	9 Jan 05 + 20%		61 —	912 31
2-16-05 R-58530		10 Feb 05 (cash to trust)		61 —	851 31
3-18 05 R. 58644	NO Coupon	11 Mar 05		61 —	790 31
5-16-05 R-58846	Coupon	12 + 13 April, may 05		122 —	668.31
6-13-05 R-58946	"	14 June 05		61 —	607 31
7-15 05 R-59365	"	15 July 05		61 —	546 31
8-19-05 R-59093	Coupon	16 aug 05		61 —	485 31
9/30/05 R-59252	NO Coupon	17 Sept 05		61 —	424 31
12-2-05 R-59451	coupon 18, 19, 20 + 21	Oct 05, Nov 05, Dec 05, Jan 06		$ 244.00	$ 180.31

(over)

payments due 15th of each month

Monthly $61.00
Final- $58.31

12-5-05	Bal. forwarded			180 31
3-2-06	Paid in full by mastercard	180.31		0

PAID

MAR - 3 2006

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57904

Date: Aug 16, 20 04

From: Paul Gutierrez Address: 4248 Orange ave SD 92105

Dollars ($ 61 —)

in part Payment of pre need

Div 12 Sec 1 Blk/Row Lot 173 Grave 11

Invoice No. E18428

Acct. No.

W.O.

BALANCE DUE 1217.31

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 16 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hokel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	61 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	61 —

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust ✓ Cash Check ✓

2189

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58029

Date: Sept 20, 20 04

From: Raul Gutierrez Address: 4248 Orange ave SD 92105

Dollars ($ 161.00)

in part Payment of pre-need

Div 12 Sec 1 Blk/Row Lot 173 Grave 11

Invoice No. E 18428

Acct. No.

W.O.

BALANCE DUE 1156.31

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 2324

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 20 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	4	—
20% Sales Care	77184		
80% Sales	100	57	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	161	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58150

Date: Oct 19 , 20 04

From: Raul Gutierrez Address: 4248 Orange ave SD 92105

Dollars ($ 61.00)

in part Payment of pre need

Div D Sec 1 Blk/Row Lot 173 Grave 11

Invoice No. E 18428

Acct. No.

W.O.

BALANCE DUE 1095.31

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ☐

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID IN TRUST" HERE.

PAID

OCT 19 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hefzo

CREDIT	67007	61	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63093		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	61	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57806

Date: 7-19, 2004

From: Raul Gutierrez Address: on record

Sixty-One and 00 Dollars ($ 61.00)

in part Payment of Pre-need Lot/trust

Div 12 Sec 1 Blk/Row Lot 173 Grave 11

Invoice No. E-18428

Acct. No.

W.O.

BALANCE DUE $1278.31

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

2170

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 16 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	61.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	76390	
TOTAL PAID	$	61.00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57554

Date: May 17, 20 04

From: Raul Gutierrez Address: 4248 Orange ave. SD 92105

Dollars ($ 61.00)

In part Payment of pre-need

Div 12 Sec 1 Blk/Row Lot 173 Grave 11

Invoice No. E18428

Acct. No.

W.O.

BALANCE DUE 1400.31

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1960

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 17 2004

MOUNT HOPE CEMETERY

ISSUED BY Ram Hered

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	61	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	61	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58339

12-20-04 11:59 PAID

Date: _____, 20 ____

From: Paul Gutierrez Address: 4248 Orange Ave. S.D.

sixty-one 00/100 Dollars ($ 61—)

in part Payment of pre-need lot & trust

Div 12 Sec 1 Blk/Row ____ Lot 173 Grave 11

Invoice No. E-18428

Acct. No. ____

W.O. ____

BALANCE DUE 973 31

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 2276

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 2 0 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	61 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	61 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

L 18428

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58846

Date: 5-16-05, 20 05

From: Raul Gutierrez Address: 4248 Orange

One hundred & twenty-two 00/100 Dollars ($ 122.00)

in part Payment of Pre-need lot + Trust

Div 12 Sec 1 Blk/Row Lot 173 Grave 11

Invoice No. E-18428

Acct. No.

W.O.

BALANCE DUE $1668.31

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ #1793

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 13 2005

MOUNT HOPE

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	122	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	122	00

Prepared lot only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/16/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Standard

in a Double Depth (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 245 Grave _____

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	~~PH 826~~
Burial Container	~~PH 418~~
Handling Fees	~~PH 352~~
Flower vases – Marker setting fee	~~PH 100 Jd~~ 50
Recording/Filing/Transfer Fees	~~PH 32.40~~
Sales taxes	
Total Due	985 ~~2713.40~~
Paid receipt number	R4R604C 246 —
Balance due	739. —

Void

(Sister)

I hereby certify I am the Irma Richmond of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Irma Richmond

I hereby authorize the interment in lot I hold under deed.

X IRMA RICHMOND
Print Name

321 S. 39th ST.
Address

SAN DIEGO 92113
City Zip Code

(619) 255-9073
Telephone

Signature

Nancy Pam

Work Order # E 18429

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

PM
need
lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date April 16, 04

Lot actually used for her daughter
Deborah Standard E-14695

You are hereby authorized and instructed subject to your rules and regulations, to inter the remains

of James Standard 227705

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 245 Grave 1

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	985 —
Paid receipt number R41604C	246 —
Balance due	739 —

PAID
MAR 16 2006
MOUNT HOPE CEMETERY

Paid in full R-59479

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

227704

I hereby authorize the interment in lot I hold under deed.

X Irma Richmond
Print Name

X 321 S. 39th St.
Address

X San Diego 92113
City Zip Code

X (619) 255-9073
Telephone

Signature

Invoice # _____

Work Order # E 18430

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57545

Date: 5/13, 2004

From: Erma Richmond Address: or record

Thirty-One Dollars ($ 31.00)

in part Payment of Pre-need lot account.

Div 12 Sec 2 Blk/Row ____ Lot 245 Grave 1

Invoice No. E-18430

Acct. No. ____

W.O. ____

BALANCE DUE $708.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 418

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAY 12 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	31.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57642

Date: June 9, 20 04

From Uma Richmond Address: 321 S 39th St SD 92113

Dollars ($ 62.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row ____ Lot 245 Grave 1

Invoice No. E 18430

Acct. No. ____

W.O. ____

BALANCE DUE 646.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 484

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 0 9 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62 00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57774

Date: July 12, 2004

From: Irma Richmond Address: 321 S. 39th St. 80 92113

Dollars ($ 602.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 245 Grave 1

Invoice No. E18420

Acct. No.

W.O.

BALANCE DUE 584.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 432

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN ISSUING OFFICE.

PAID

JUL 12 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	602 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	602 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58377

Date: Jan 4, 20 05

From: Irma Richmond Address: ~~5330~~ M.V. 321 S. 39th. st. S.D. 92113

sixty-two 00/100 Dollars ($ 62 —)

in part Payment of pre-need lot

Div 12 Sec 2 Blk/Row Lot 245 Grave 1

Invoice No. E-18430

Acct. No.

W.O.

BALANCE DUE 336 00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 610

NOT VALID FOR SUCH PURPOSE UNLESS STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN - 4 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	62 —
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62 —

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57886

Date: Aug 11, 20 04

From Irma Richmond Address: 321 S. 39th St SD 92113

Dollars ($ 62.—)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 245 Grave 1

Invoice No. E18430

Acct. No.

W.O.

BALANCE DUE 522.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

441

NOT VALID FOR PURPOSES INTENDED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

AUG 11 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	62	00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	62	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58072

Date: Oct 1, 20 04

From: Ilma Richmond Address: 321 S. 39th st SD 92113

Dollars ($ 62.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 245 Grave 1

Invoice No. E 18430

Acct. No.

W.O.

BALANCE DUE 460.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 449

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 01 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hekel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62 00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58109

Date: October 7, 20 04

From: James E. Standard Address: On record

Sixty-Two and 00 Dollars ($ 62.00)

in Part Payment of Pre-need Lot.

Div 12 Sec 2 Blk/Row Lot 245 Grave 1

Invoice No. E-18430

Acct. No.

W.O.

BALANCE DUE $398.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

#450

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON THIS FORM.

PAID

OCT 07 2004

MOUNT HOPE CEMETERY

ISSUED BY R Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00049

Date: 1/12, 20 06

From: Irma Richmond Address: on record

Sixty-Two and 00 Dollars ($ 62.—)

in part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 245 Grave 1

Invoice No. E-18430

Acct. No.

W.O.

BALANCE DUE $26.00

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 696

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 11 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	62.—
Trust	77186	
TOTAL PAID		$ 62.—

AC-212 (11-05)

This information is available in alternative formats upon request.

R- 59410

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Nov 17, 20 05

From: James & Irma Richmond Address: on record

5 Hly Tw

Dollars ($ 62 —)

in part Payment of Pre-need lot

Lot 245 Grave 1 Row Section 2 Division ~~Block~~ 12

Invoice No. E-18430

Acct. No.

W.O.

BALANCE DUE $88.—

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X]

682

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 17 2005

MOUNT HOPE [illegible]

ISSUED BY Paulette C

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	62 —
Sales Tax	60101	
	78390	
TOTAL PAID	$	62 —

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59145

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Sept. 6, 20 05

From: James E. Standard Address: on record

Sixty - two and ( ) Dollars ($ 62 —)

in part Payment of Pre-need lot.

Div 12 Sec Blk/Row Lot 245 Grave 1

Invoice No. E-18430

Acct. No.

W.O.

BALANCE DUE $150 —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 668

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 06 2005

MOUNT HOPE CEMETERY

ISSUED BY Jaulus

CREDIT	67007	47	—
20% Sales Care	77184	15	—
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	62	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

pin# 227704 Two yr contract / contract expires April 2006 due 16th each month $31.00 monthly $26.00 Final E-18430

RICHMOND, IRMA 321 S 39th Street SD 92113 (619)255-9073

Div 12 Sec 2 Lot 245 Gr 1

			DEBIT	CREDIT	BALANCE
04-16-2004	Opened pre-need lot w/ 25% down		985.00		
	R-41604C			246.00	739
5/13/04	R-57545	Coupon #1 may 04		31.00	708.00
6/9 04	57642	2 & 3 June, July 04		62.00	646.00
7-12 04	57774	4 & 5 aug, Sept 04		62.00	584.00
8-11 04	57886	6 & 7 Oct, Nov 04		62 -	522 -
10-1 04	58072	8 & 9 Dec 04, Jan 05		62 -	460 -
10/7/04	58109	10 & 11 Feb 05, March 05		62.00	398.00
1/4/05	58377	12 & 13 April 05, May 05		62.00	336.00
3-9-05	R 58608	14 & 15 No Coupon June, July 05		62.00	274.00
7-25-05	R 59390	16 & 17 No Coupon aug, Sept 05		62.00	212.00
9-6-05	R-59145	18 & 19 Oct, Nov 05		62 -	150.00
11-17-05	R-59410	20 & 21 Dec 05, Jan 2006		62 -	88. -
1-12-06	P-00049	22 & 23 Feb, March 2006		62 -	24 -
3-16-06	R 59479	Remaining Balance		24 -	0

PAID
MAR 16 2006

Paid in full
Lot used
for Deborah Standard

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre need lot/trust

Date 4/16/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Angela Marure 227712

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1016 Grave 1

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	138.00
Burial Container	p.c. 84.00
Handling Fees	28.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	5.97
Total Due	408.97
Paid receipt number R-41604B	408.97
Balance due	Ø

PAID

APR 16 2004

MOUNT HOPE CEMETERY

I hereby certify I am the parents of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Consuelo Marure
Signature

Jorge Marure
Paulette

227710 227711
X Consuelo Marure – Jorge Marure
Print Name

1167 25 St. #302
Address

X San Diego Cal 92154
City Zip Code

X (619) 429-4863
Telephone

Invoice # _____

Work Order # E 18431

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At
Nud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-19-04A09:57 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chu Nguyen 227722

in a liner (Type of Burial Container) Funeral, date, time Wed 4/21 11:00

Church, Chapel, Graveside _____ : Prepared Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 15 Grave 11

Grave space & Care Fund	985 -
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 -
Burial Container	209 -
Handling Fees	160 -
Flower vases - Marker setting fee temp	34.71
Recording/Filing/Transfer Fees	50 -
Sales taxes	16.20
Total Due	1867.91
Paid receipt number Visa	1867.91
Balance due	0

PAID
APR 19 2004
MOUNT HOPE CEMETERY

I hereby certify I am the x Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

x [signature]
Print Name

x 5352 Trojan AVE
Address

x San Diego CA 92115
City Zip Code

x (619) 286-0246
Telephone

Invoice # _____

Work Order # E 18432

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18432

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.

			Lee	Lee		
			x			
		Allen			Turner	

Blind Check Initiated By: Pam Date: 4/19

Interment space for: Cuu Nguyen

Interment Date: Wed 4/21 Time: _____

Div: 12 Sect: 1 Blk/Row: ____ Lot: 15 Gr: 11

Grave Laid out by: Norman Feyer

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C Allen Date: 4-19-04

Plug in grave

E18432 57

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Cuu	Van	Nguyen	08/04/1946	04/16/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Coronado	San Diego	Cuong Nguyen - Son 5352 Trojan Avenue San Diego, California 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Preferred Cremation and Burial 3094 El Cajon Boulevard Ste., A San Diego, California 92103	FD-1746	▶ Mark Jol	04/20/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	Mark Jenkins	▶ 2407463

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 SAn Diego, California 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [X] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca 92102	11B. DATE BURIED 4-21-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Kemp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
12 CHAIRS

Date 4/19/04

04-19-04A10:35 PM

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESPERANZA AGUILERA 227720

in a LINER OA pc Funeral, date, time WEDS APRIL 21 12:30
Type of Burial Container

Church, Chapel, Graveside : S.D. MEMORIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 369/ Grave 1

PAID

APR 19 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	138.00
Burial Container basket size 44x8" 15x10" OA pc.	77.00
Handling Fees	28.00
Flower vases – Marker setting fee Temp. Marker	34.71
Recording/Filing/Transfer Fees	50.00
Sales taxes	5.97
Total Due 443.68 ~~408.97~~ PC	
Paid receipt number Visa Card	443.68
Balance due	Ø

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x _____
Signature

x Kelly K. Gaytan
Print Name

x 302 Meadowbrook Dr.
Address

x San Diego, CA. 92114
City Zip Code

x 619-462-4252
Telephone

Paulette

Work Order # E 18433

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18433

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.

			Ming			
			Rickert			
			X		Bess	

Blind Check Initiated By: Paulette Date: 4/9/04

Interment space for: ESPERANZA AGUILERA

Interment Date: 4-21-04 Time: ?

Div: 9 Sect: 1 Blk/Row: _____ Lot: 3691 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: 4-19-04

E18433

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ESPERANZA	-	AGUILERA	04/15/2004	04/15/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RAUL AGUILERA-FATHER 302 MEADOWBROOK DR. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	04/20/2004

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/20/2004 J. LEMON JR.	▶ 2407472

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-21-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At
Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-20-04P12:10 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Segura 227725

in a #7 liner (Type of Burial Container) Funeral, date, time Thurs 4/22 2:00

Church, Chapel, Graveside _____ ; Heath Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 155 Grave 1

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container 32 x 29	242 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	18.76
Total Due	1868.76
Paid receipt number R57461	1868.76
Balance due	0

PAID

APR 20 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Veronica Ulloa

I hereby authorize the interment in lot I hold under deed.

Signature

Veronica Ulloa

Print Name

3110 Biggs Ct.

Address

National City 91950

City Zip Code

(619) 470-2825

Telephone

Invoice # _____

Work Order # E 18434

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E12434

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	TERESA	SEGURA	07/02/1953	04/19/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Veronica Ulloa - Daughter 3110 Biggs Court National City CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Heath Funeral Home 611 Highland Ave., National City CA 91950	FD 807	[signature]	04/21/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 13.00	04/22/2004	▶ Nancy L Bowen MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Box 85222, San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego CA 92102	11B. DATE BURIED 4/22/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Ferstermoster	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E18434

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X		CHAN NOU	PELAYO

Blind Check Initiated By: Pam Date: 4/20

Interment space for: Maria Segura

Interment Date: Thurs 4/22 Time: 2:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 155 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4/22/14

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-20-04P03:24 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francisco Mercer 227478

In a J.S. Vault (Type of Burial Container) Funeral, date, time Fri 4/23 1:00

Church, Chapel, Graveside ; Rapdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 157 Grave 12

Grave space & Care Fund	F 18409	360
Overtime/Late Arrival Fees		
Opening/Closing & Setup		413
Burial Container		275
Handling Fees		204
Flower vases – Marker setting fee	Duron	189.63
Recording/Filing/Transfer Fees		21.31
Sales taxes		
Total Due		1512.94
Paid receipt number	VISA	1512.94
Balance due		0

PAID

APR 20 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Tammie Jeter
Print Name

X 1639 Jackson Hill Ct
Address

X El Cajon CA 92102
City Zip Code

X 619-593-6552
Telephone

Invoice # _____

Work Order # E 18435

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18435

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.

	Moua				Shipley	
			X			
Ashe				Rios		

Blind Check Initiated By: Pam Date: 4/20

Interment space for: Frances Mercer

Interment Date: Fri 4/23 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 157 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: C Warren Date: 4-21-23

E18435

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Frances	Maxine	Mercer	12/20/1939	04/16/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Tammie Jeter, Daughter 1639 Jackson Hill Court El Cajon, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Ulan Van Deu	04/20/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	04/21/2004 B. Campbell	2807485 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 04-21-04A08:52 RCVD

Date _____

227723

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA 20041241

in a DD 2nd Type of Burial Container Funeral, date, time Thurs 4/22 9:00

Church, Chapel, Graveside delonly ; Aztlan Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 18 Grave 1 B

Grave space & Care Fund	131 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	439 —
Burial Container	128 —
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	47 —
Sales taxes	9.92
Total Due	754.92
Paid receipt number	4953311 754.92
Balance due	0

Billed County 3/04

PAID

MAY 2 0 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Print Name

X Address

X City Zip Code

X Telephone

See attached

Invoice # 397751

Acct. # 000952

Work Order # E 18436

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

TO: Ellen B.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 04-21-04 08:52 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA 2004 1241

in a DD 2091 (Type of Burial Container) Funeral, date, time Thurs 4/22 9:00

Church, Chapel, Graveside del Only : Aztlan Mortuary

All Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 18 Grave 1 B

Grave space & Care Fund	131 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	439 —
Burial Container	120 —
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	47 —
Sales taxes	9.92
Total Due	754.92

Paid receipt number _____

Balance due _____

I hereby certify I am the X Public Administrator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature]

[signature]

X John Edwards for Ellen Beaupuit
Print Name

X 5201-A Ruffin Rd
Address

San Diego, CA 92123
City Zip Code

X 858 694 3500
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18436

RE6-104 (3-04)

This information is available in alternative formats upon request.

Original on recycled paper

E 18436

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	-	DOE	UNKNOWN	03/13/2003	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PINE VALLEY	SAN DIEGO	ELLEN BEAUPARLANT-PUBLIC ADMINISTRATOR 5201-A RUFFIN RD SAN DIEGO,CA.,92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FUNERARIA AZTLAN 7856 LA MESA BLVD.,LA MESA,CA.,91941	FD-1658	▶ [signature]	04/20/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 13.00	SERGIO VALENCIA 04/20/2004	▶ 2407459

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO,CA.,92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO,CA.,92102	11B. DATE BURIED 4-22-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 04-21-04

04-21-04P12:08 PAID

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence Asakawa 227735

in a DD CRUPT (A) (Type of Burial Container) Funeral, date, time Sat. 24 April 11:00

Church Chapel, Graveside _____ Community Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row _____ Lot 50 Grave 1

Grave space & Care Fund B-548	Ø
Overtime/Late Arrival Fees	660.00
Opening/Closing & Setup 2 @ 413 each	826.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee Ground Tran Vase	189.63
Recording/Filing/Transfer Fees 2 @ 50 each	100.00
Sales taxes	32.40
Total Due	2578.03
Paid receipt number R-57468	2578.03
Balance due	Ø

PAID

APR 21 2004

MOUNT HOPE CEMETERY

I hereby certify I am the husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Mito Asakawa
Signature

MOTO ASAKAWA
Print Name

2808 Hartford Ct.
Address

SAN DIEGO CA 92117
City Zip Code

619 475 7839
Telephone

Paulette
Work Order # E 18437

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

18437

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.

KAWAMOTO	Yonekura	Yoshimine	ASAKAWA			
			X			

Blind Check Initiated By: Paulette C. Date: 4/21/04

Interment space for: Florence Asakawa

Interment Date: 4-24-04 Time: 11:00 Church

Div: 7 Sect: 11 Blk/Row: ____ Lot: 50 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: Kenneth Collins Date: 4/23/04

E18437
88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Florence	Himeko	Asakawa	01/28/1916	04/19/2004	F

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Moto Asakawa - Husband, 2808 Hartford Ct., San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Community Mortuary, 855 Broadway, Chula Vista, CA 91911

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD1682

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 04/21/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 04/21/2004 N. DePiga

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2407577 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: San Diego County Dept. of Vital Records P.O. Box 85222 San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery, 3751 Market St, San Diego, CA 92102	11B. DATE BURIED: 4-24-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Mid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-21-04P12:12 RCVD

Date _____

227728

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregoria Hernandez

in a ~~TS Vault~~ DD 1st Funeral, date, time Fri 4/23 10:00

Type of Burial Container

Church, Chapel, Graveside _____ : Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 251 Grave 5

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 –
Burial Container	418 – ~~275~~ PA
Handling Fees	352 – ~~284~~ PA
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 –
Sales taxes	32.40 ~~21.31~~ PA
Total Due	2250.40 ~~1948.31~~ PA
Paid receipt number	R 59466 2250.40
Balance due	~~0~~

PAID

APR 2 1 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Grandaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Lucy Arteaga

I hereby authorize the interment in lot I hold under deed.

Mid Every 2 pay

Signature

X [signature]

Print Name

X 3026 National Ave.

Address

X San Diego, CA 92113

City Zip Code

X (619) 231-2032

Telephone

Invoice # _____

Work Order # E 18438

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18438

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

					tree	
McCann			X		Velasco	

Blind Check Initiated By: Pam Date: 4/28

Interment space for: Gregoria Hernandez

Interment Date: Fri 4/29 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 221 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

flag on grave

Blind Check & Verified By: Kenneth Collier Date: 4/21/07

E18438

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GREGORIA	-	VARGAS-HERNANDEZ	05/09/1915	04/21/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOSE GONGORA-SON 406 N FIRMIN ST. LOS ANGELES,CA.90026

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA.92188	FD-1425	▶ Selene Chavez	04/22/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF *LOCAL REGISTRAR*

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	SELENE CHAVEZ 04/22/2004	2407656 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO,CA.92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO,CA.92102	11B. DATE BURIED 4/23/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M Gendrinski	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
In grave of Ruby Muckelroy

Date 04/22/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma Tanner 223770

in a D.D Crypt (B) (Type of Burial Container) Funeral, date, time Tues. April 27th 10:00

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 255 Grave 10

Grave space & Care Fund	E-11532	Ø
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	E-13157	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	E-13157	—
Sales taxes	"	—
Total Due		Ø
Paid receipt number	E-13157	Ø
Balance due		Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City See attached Zip Code

Telephone _____

Paulette

Work Order # E 18439

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 04/22/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma Tanner

In a D.D Crypt (B) (Type of Burial Container) Funeral, date, time Tues April 27th 1000

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 255 Grave 16

Grave space & Care Fund	E-11532	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	E-13157	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	E-13157	—
Sales taxes	"	—
Total Due		0
Paid receipt number	E-13157	0
Balance due		0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____ Signature

[signature]
Print Name

_____ Address

_____ City _____ Zip Code

_____ Telephone

Paulette

Invoice # _____

Work Order # E 18439

Acct. # _____

REA-104 (3-94)

This information is available in alternative formats upon request.

E18439

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.

			Parham			
		Waterman	X	Reese		
			Carmichael	Lindsey		

Blind Check Initiated By: Paulette Date: 4/22/04

Interment space for: Thelma Tanner

Interment Date: 4-27-04 Time: 10:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 255 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4/24/04

Flat

E 18439

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Thelma		Tanner	06/12/1915	04/18/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Marvin Muckelroy, Nephew 436 San Alberto Way San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [illegible]	04/22/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	04/26/2004	2407781
	B. Campbell	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4/27/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At
Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-26-04A09:27 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sofia Maghuyop 227742

In a DD 3rd (Type of Burial Container) Funeral, date, time Thurs 11:00 4/29

(Church), Chapel, Graveside _____ : Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 56 Grave 10

Grave space & Care Fund	E8075 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fee	50 —
Sales taxes	—
Total Due	463. —
Paid receipt number R 57479	463 —
Balance due	—

PAID
APR 26 2004
MOUNT HOPE CEMETERY

I hereby certify I am the x Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Ram

x Carmen Avila
Print Name
x 2421 L Avenue
Address
x National City, CA 91950
City Zip Code
x (619) 477-0678
Telephone

Invoice # _____

Work Order # E 18440

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E1844C
S7

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SOFIA	ROSAINZ	MAGHUYOP	01/25/1917	04/22/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CARMEN AVILA-DAUGHTER 2421 L. AVE. NATIONAL CITY, CA. 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843	▶ C R	04/26/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/26/2004 K JONES	2407773 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 4/29/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E18440

w/ Cristobal

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.

			Duncaway	Munday		
	Johnson	Guevara	X		Edwards	
		Fine	Blair			

Blind Check Initiated By: Pam Date: 4/26

Interment space for: Sofia

Interment Date: Thurs 4/29 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 56 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

flag on grave

Blind Check & Verified By: David Noriega Date: 4-26-04

pre-need lot paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/26/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Gary Eugene Slaughter 227730

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	985.00
Paid receipt number Paid by MC	985.00
Balance due	0

PAID

APR 2 6 2004

MOUNT HOPE CEMETERY

I hereby certify I am the nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot _____ hold under deed.

James Moliere

Signature

Paulette

James Moliere 227729

Print Name

6504 Osler St

Address

San Diego 92111

City Zip Code

858-277-1760

Telephone

Invoice # _____

Work Order # E 18441

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-26-04P12:29 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Darius Albritton @ 227756

in a _____ (Type of Burial Container) Funeral, date, time Wed. 5/5 2:00

Church, Chapel, Graveside witness ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 472 Grave 1

Grave space & Care Fund	330.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116.—
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer	50.—
Sales taxes	
Total Due	496.—
Paid receipt number VISA	496.—
Balance due	0

PAID

APR 26 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

x DELMA JOYCE CONLEY
Print Name

x 5162 CAMINITO CACH
Address

x SAN DIEGO 92105
City Zip Code

619 262 1202
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18442

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18442

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Johnson				
		Verduzco	X			
				Harris		

Blind Check Initiated By: Pam Date: 5/3

Interment space for: Darius Albritton Ø

Interment Date: Wed 5/5 Time: 2:00

Div: 8 Sect: 4 Blk/Row: ____ Lot: 472 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag n grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M Gundermann Date: 5/4/04

E18442

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DARIUS	ANTOINE	ALBRITTON	09/01/1965	04/12/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BERNIE MAE ALBRITTON-MOTHER 236 PONDEROSA RD. WHARTON, TEXAS 77488

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ [signature]	04/23/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/23/2004 C. LYNCH	▶ 2407724

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 5-5-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601-D CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED [illegible]	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 4/26/04

04-26-04P01:47 PA

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert E. Handy 227747

in a T.S. Vault (Type of Burial Container) Funeral, date, time FRI. April 30 11:00

Church, Chapel, Graveside : CA BURIAL Mortuary. Torrey

*All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 124 Grave 5

Grave space & Care Fund	E-16751	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	E-18257	0
Burial Container	" "	0
Handling Fees	" "	0
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	E-18257	0
Sales taxes	E-18257	0
	E-18257 Total Due	0
Paid receipt number	"	0
	" Balance due	0

I hereby certify I am the Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name Brenda A. Waters

Address 5031 Dardanin Drive

City San Diego CA Zip Code 92139

Telephone 619-479-5878

Paulette

Work Order # E 18443

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18443

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.

				Lykova		
			X		Balane	Balane
				Massey		Cardenas

Blind Check Initiated By: Paulette Date: 4/27/04

Interment space for: Robert Hardy

Interment Date: 4/30/04 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 124 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: M. Sandoval Date: 4/28/04

E18443

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	E	HANDY	07/16/1941	04/22/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BRENDA WATERS-COUSIN 3031 DARDAINA DRIVE SAN DIEGO CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ [signature]	04/28/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/28/2004 V MITCHELL	▶ 2407924

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS p.o. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE KEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 4/30/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angela Marune (Infant) 227712

in a Olive (Type of Burial Container) Funeral, date, time Thurs. April 29 1:00

Church, Chapel, Graveside Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1016 Grave 1

Grave space & Care Fund	E-18431	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	E-18431	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	E-18431	—
Sales taxes	"	—
Total Due	R-41604/8	—
Paid receipt number		—
	E-18431 Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

Invoice #

Acct. #

See attached copy of pre need contract

Paulette

Work Order # E 18444

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18444

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre need lot/Trust

Date 4/16/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Angela Marure 227712

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1016 Grave 1

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	138.00
Burial Container	per 87.00
Handling Fees	28.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	5.97
Total Due	408.97
Paid receipt number R-41604B	408.97
Balance due	0

PAID

APR 16 2004

MOUNT HOPE CEMETERY

I hereby certify I am the parents of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Consuelo Marure
Signature

Jorge Marure
Paulette

Consuelo Marure – Jorge Marure 227711
Print Name

1167 25 St. #302
Address

San Diego Cal 92154
City Zip Code

(619) 429-4863
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18431

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18444

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			
			tree			
				BOOKER		

Blind Check Initiated By: Paulette Date: 4/27

Interment space for: Angela Manure

Interment Date: 4-29-04 Time: 1:00 G.S.

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1016 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Kenneth Collins Date: 5/27/04

F 18444

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ANGELA	-	MARURE	03/19/2004	04/20/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JORGE MARURE-FATHER 1167 25TH ST. #302 SAN DIEGO CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843	▶ K R Z	04/26/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/27/2004 K JONES	2407881 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 4/29/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah Foxx

in a DDCRept (B) Type of Burial Container Funeral, date, time Thurs April 29 3D 10:30

Church, Chapel, Graveside Witness : SD Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 77 Grave 2

Grave space & Care Fund	E-17275	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	E-17275	0
Burial Container	"	0
Handling Fees	"	0
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	E-17275	0
Sales taxes	"	0
Total Due	E-17275	0
Paid receipt number	"	—
Balance due	"	0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X Print Name

X Address

X City Zip Code

X Telephone

See attached

Paulette

Work Order # E 18445

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Need

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah Fox

in a DDCrypt (B) (Type of Burial Container) Funeral, date, time Thurs April 29 11:30

Church, Chapel, Graveside Witness : SD Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row ____ Lot 77 Grave 2

Grave space & Care Fund	E-17275	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E-17275	0
Burial Container	"	0
Handling Fees	"	0
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	E-17275	0
Sales taxes	"	0
Total Due	E17275	0
Paid receipt number		
Balance due	"	0

I hereby certify I am the x Sister-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

x Dessere Bouty
Signature

Dessere Bouty
Print Name
4055 #3 Arizona St.
Address
San Diego, CA 92104
City Zip Code
619.291.1106
Telephone

Paulette

Work Order # E 18445

Invoice # ____

Acct # ____

REA-194 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

F18443

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.

			Siaosi			
			Bouty			
			x			
				Laura Davis		

Blind Check Initiated By: Paulette Date: 4/27/04

Interment space for: Sarah Foxx

Interment Date: 4/29/04 Time: 11:30 Witness

Div: 12 Sect: 2 Blk/Row: ____ Lot: 77 Gr: 2

Grave Laid out by: Norman Fequem

Agrees with Legal Card: ☒ Yes ☐ No

Flag

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 4/27/04

E 18145

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SARAH	B.	FOXX	04/24/1925	04/06/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
RIVERSIDE	RIVERSIDE	DESSERE BOUTY-SISTER IN LAW 4055 #3 ARIZONA ST. SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 7441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Jack Lemon Jr.	04/29/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/29/2004 J. LEMON JR.	Frances L. Ramsden MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 7600 RCHD RIVERSIDE, CA 92513	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4/29/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M Sandsmacher	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 4-27-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jeff Taylor 227751

in a Liner (Type of Burial Container) Funeral, date, time FRI. APRIL 30th 1.00

Church, Chapel, Graveside S.D. MEMORIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 209 Grave 1

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1,833.20
Paid receipt number R-57492	1833.20
Balance due	Ø

PAID

APR 28 2004

MOUNT HOPE CEMETERY

MORT. to Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

See attached for signatures

Invoice #

Acct. #

Paulette

Work Order # E 18446

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 4-27-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jeff Taylor

in a Liner (Type of Burial Container) Funeral, date, time FRI. APRIL 30th 1:00

Church, Chapel, Graveside SD MEMORIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned

Division 12 Section 2 Blk/Row Lot 209 Grave 1

Grave space & Care Fund	995.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20

MORT to Pay

Paid receipt number

Balance due

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 hold under deed

X Yvonne Taylor
Signature

Yvonne Taylor
Principals

3121 38th St.
Address

S.D., CA 92105
City Zip Code

619.563.6234
Telephone

Paulette

Invoice #

Work Order # E 18446

Acct #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18446

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X Taylor			
		Henders				
			Littlejohn	McGowan		

Blind Check Initiated By: Paulette Date: 4/27

Interment space for: Jeff Taylor

Interment Date: Friday 4/30 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 209 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARRELL Date: 4-28-08

E18446

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JEFF	-	TAYLOR	11/16/1922	04/23/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	YVONNE TAYLOR-DAUGHTER 3121 38TH ST. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ [signature]	04/28/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/28/2004 J. LEMON JR.	▶ 2407951

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Nud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-27-04P12:07 PAID

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deane Chapman 227745

in a liner (Type of Burial Container) Funeral, date, time Thurs 4/29 12:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 242 Grave 2

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases ~~Marker setting~~	~~138~~
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57484	1800.00
Balance due	33.20
R57485	33.20

PAID

APR 26 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name Sheila Jones

Address 4447 Mineta St

City San Diego Zip Code CA 92116

Telephone 619 255-3727

Invoice # _____

Work Order # E 18447

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18445

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.

		McBride				
			X			
		Farmer Herod				

Blind Check Initiated By: Paulette Pan Date: 4/27

Interment space for: Diane Chapman

Interment Date: Thurs 4/29 Time: 12:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 242 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No plug in grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M Anderson Date: 4/27/04

E 18445

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DIANA	M.	CHAPMAN	08/05/1858	04/20/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHEILA JONES-SISTER 4447 ILLINOIS ST. SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL;CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950	FD-1689	▶ Victoria Mitchell	04/28/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/28/2004 V. MITCHELL	▶ 2407964

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 4/29/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Gardermacher	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Mud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-28-04A10:30 RCVD

Date

227738

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ronny Helbert ⊗

in a _____ Type of Burial Container Funeral, date, time AYD

Church, Chapel, Graveside _____ : Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 446 Grave 1

Grave space & Care Fund	330.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116.—
Burial Container	
Handling Fees	
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	50.—
Sales taxes	
Total Due	496 —
Paid receipt number me	496.—
Balance due	0

PAID

APR 2 8 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x FRIEND DPOA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Dan

x Vivian Dunham
Print Name

x 13864 Putney Rd
Address

x Poway Ca. 92064
City Zip Code

x 858-354-8825
Telephone

Invoice # _____

Work Order # E 18448

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

printed on recycled paper

#18448

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.

				URN IN LEFT SIDE OF GRAVE		
		LOW	X			

Blind Check Initiated By: Pam Date: 4/28

Interment space for: Ronny Hilbert

Interment Date: _____ Time: AM

Div: 8 Sect: 4 Blk/Row: ____ Lot: 44 Gr: 1

Grave Laid out by: [signature]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

place on grave

Blind Check & Verified By: [signature] Date: 4-28-04

E18448

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RONNY	M.	HELBERT	03/02/1945	02/03/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	VIVIAN DUNHAM - D.P.O.A. 421 EAST MISSION AVENUE ESCONDIDO, CA 92025

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843	▶ [signature]	04/27/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	NIA GOOD 04/28/2004	2407909 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-30-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-28-04A10:47 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John P. Kelly Ø 227754

In a Ash Vault (Type of Burial Container) Funeral, date/time Mon 5/3 11:00

Church, Chapel, Graveside wit. only : Family ~~Mortuary~~

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2407 Grave 1

Grave space & Care Fund	C 8457 —
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116 —
Burial Container	61 —
Handling Fees	66 —
Flower vases – Marker setting fee	138. —
Recording/Filing/Transfer Fees	50. —
Sales taxes	4.73
Total Due	435.73
Paid receipt number K57487	435.73
Balance due	—

PAID

APR 28 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

x John L. Kelly (Print Name)

x 4266 Arguello St. (Address)

x San Diego, CA 92103 (City, Zip Code)

x (619) 291-8835 (Telephone)

Invoice # _____

Work Order # E 18449

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18449

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.

		McLewin		Harrell		
	Price	Wingate	x	Kelly	Kelly	
		Collin				

Blind Check Initiated By: Pam Date: 4/28

Interment space for: John Kelly ⊗

Interment Date: Mon 5/3 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2407 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/28/4

E 18449

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1926-03

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	Patrick	Kelly	01/23/1951	04/17/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Colton	San Bernardino	John L. Kelly, Father 4266 Arguello Street San Diego, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
San Diego Cremation Service 4133-9 Taylor Street; San Diego, CA 92110	FD1481	▶ [signature]	04/23/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/23/2004 Nicole Lovell ▶	Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
354 Mountain View Avenue San Bernardino, CA 92415-0010	P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery; 3751 Market Street; San Diego, CA 92102	11B. DATE BURIED 5-04-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Southern CA Crematory; 601D Crane Street Lake Elsinore, CA 92530	12B. DATE CREMATED 04/26/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot

Date 4/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for self or family

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned _____

Paid in Full 2-12-07 R-59973 Deed Mailed

Division 12 Section 2 Blk/Row _____ Lot 4 Grave 8

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	985.00
Paid receipt number R-57486	246.00
Balance due	739.00

$18300

1-24-06 forward to collections acc# 128881 Invoice# 435621

Family must pay full amount owe to collections

Family defaulted on contract 25% down

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.

227731

I hereby authorize the interment in lot I hold under deed.

Signature

CHARLE J. JOHNSON JR
Print Name

5580 LA JOLLA BLVD. #352
Address

LA JOLLA CA 92037
City Zip Code

619-549-7046
Telephone

Paulette

Work Order # E 18450

Invoice # 435621

Acct. # 128881

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

pin 127731 (contract ends April 2006) payment due 15th each month monthly $31.00 Final $26.00 E-18450

JOHNSON, CHARLES J. JR. 5580 LA JOLLA BLVD. #352, LA JOLLA CA 92037 619-549-7046

DIVISION 12 SECTION 2 LOT 141 GRAVE 8

		DEBIT	CREDIT	BALANCE
4/28/04	Opened pre-need lot account with 25% down. Paid by money order R-57488.	985.00		985.00
			246.00	739.00
8-9 04	R 57880 2004 June thru March 05 Coupons 1 thru 10		339 —	400 —
3-8 05	R 58604 Coupons 11 thru 17 April Thru OCT 05		217 —	183 —
12-14-05	mail Cal delinquent letter			

1-24-06
forward to Collections
acc # 128881
Invoice # 435621

Family must pay full amount to Collections / family defaulted on contract

E18450

ACTION	OPTION	ACCOUNT	EDI CODE
A	1	128881	_

CUSTOMER NAME	SHORT NAME
CHARLES JOHNSON JR.	CHARLES

ADDRESS: 5580 LA JOLLA BLVD. # 352
LA JOLLA CA 92037

CITY	STATE	ZIP	COUNTRY
LA JOLLA	CA	92037	6195497046

CUSTOMER CONTACT - NAME	PHONE	ORIG DEPT
MT. HOPE CEMETERY	619 527 3400	072

STATEMENTS	UPD BY	LAST UPDATED
N	SSB	01/23/06

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PA1 FOR NEW REQUEST.

Mt hope copy
E18450

SUMMARY DETAIL FOR IDENTIFICATION NO. 3232320

CREDITOR/ACCOUNT NUMBER	AMT/SVC DT	INTEREST	FEES	TOTAL	
MOUNT HOPE CEMETARY	696.00	70.93	69.60	836.53	✓R-59972
435627	01-24-06				
MOUNT HOPE CEMETARY	1392.00	141.87✓	139.20✓	1673.07	R-59974
435626	01-24-06				
MOUNT HOPE CEMETARY	183.00	18.65	25.00	226.65	✓R-59973
435621	01-24-06				
WATER UTIL/SERVICES	200.22	0.00	0.00	200.22	
15-03889-22	09-05-91				
WATER UTIL/SERVICES	2123.65	0.00	0.00	2123.65	
15-03888-21	09-16-91				
RENTAL UNIT BUSINESS TAX	136.15	163.51	13.62	313.28	
125353-01	06-01-92				
TOTAL	4731.02	394.96	247.42	5373.40	

*FEES = COLLECTION REFERRAL FEES PURSUANT TO SAN DIEGO MUNICIPAL CODE SECTION 22.1707.

E18450

THE CITY OF SAN DIEGO

February 12, 2007

City Treasures Office
Collection Division

Dear Collection Department,

See the attached. Mt Hope Cemetery took payments for two of the accounts of Charles Johnson on February 12, 2007. We are forwarding these money orders for further processing.

Thank you,

Paulette Crawford

Paulette Crawford
Clerical Assistant II
Mt Hope Cemetery
(619) 527-3400

F18450

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: SSB ACCOUNT: 128881 INVOICE: 435621 INV DATE: 01 24 06.

NAME: CHARLES JOHNSON JR.

1) 5580 LA JOLLA BLVD. # 352 2) LA JOLLA CA 92037

3) 4)

CITY: LA JOLLA ST: CA ZIP: 92037 COUNTRY: 6195497046

DEPT: 072 CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400

REFER NO: E-18450 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: 183.00

DESCRIPTION OF CHARGE	AMOUNT
PRE-NEED LOT	183.00
DIVISION 12 SECTION 2	
LOT 141 GRAVE 8	

TOTAL DUE 183.00

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 ___ _____ __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E 18450

ACR02U INVOICE DATA ENTRY PG 2

ACTION	BY	ACCOUNT	INVOICE	INVOICE TOTAL
A	SSB	128881	435621	183.00

ACT	FUND	DEPT	ORG	ACCT	J/O	OPER	BN/EQ	FACILI	AMOUNT
_	63033			77186					183.00
_									
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_									

ADD COMPLETE. HIT PA1 FOR A NEW REQUEST.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

59973

Date: February 12, 20 07

From: C. Johnson Address: P.O. Box 900866, SD CA 92190

Two Hundred twenty-six and 65/00 Dollars ($ 226.65)

in Full Payment of Pre-need 1st.

Div 12 Sec 2 Blk/Row Lot 141 Grave 8

Invoice No. E-18450

Acct. No.

W.O.

BALANCE DUE 0

4985518352

☒ Money Order
☐ Charge
☐ Check

AC-212A (11-05)
This information is available in alternative formats upon request

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 12 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	226	65
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL PAID	$	226	65

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

MoneyGram Money Orders INTERNATIONAL MONEY ORDER

02/12/2007

4985518352

MONEY ORDER

(#435621)

PAY TO THE ORDER OF / PAGER & LA ORDEN DE: MT. HOPE CEMETARY

IMPORTANT - SEE BACK BEFORE CASHING

PURCHASE SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR

ADDRESS / DIRECCION: P.O. BOX 900866, S.D. CA 92190

Payable through Citizens State Bank of Clara City, Clara City, MN

ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

PAY ONLY THIS AMOUNT

$ 0226.65 RS

TWO HUNDRED ****
TWENTY-SIX ****
DOLLARS 65 CENTS

4985518352

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

59972

Date: February 12, 20 07

From: L Johnson Address: P Box 900900, SD CA 92190

Eight Hundred, thirty Six and 53/00 Dollars ($ 836.53)

in full Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 141 Grave 11

Invoice No. E-18626

Acct. No.

W.O.

BALANCE DUE Ø

4985518350/ 351 #2

☒ Money Order
☐ Charge
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

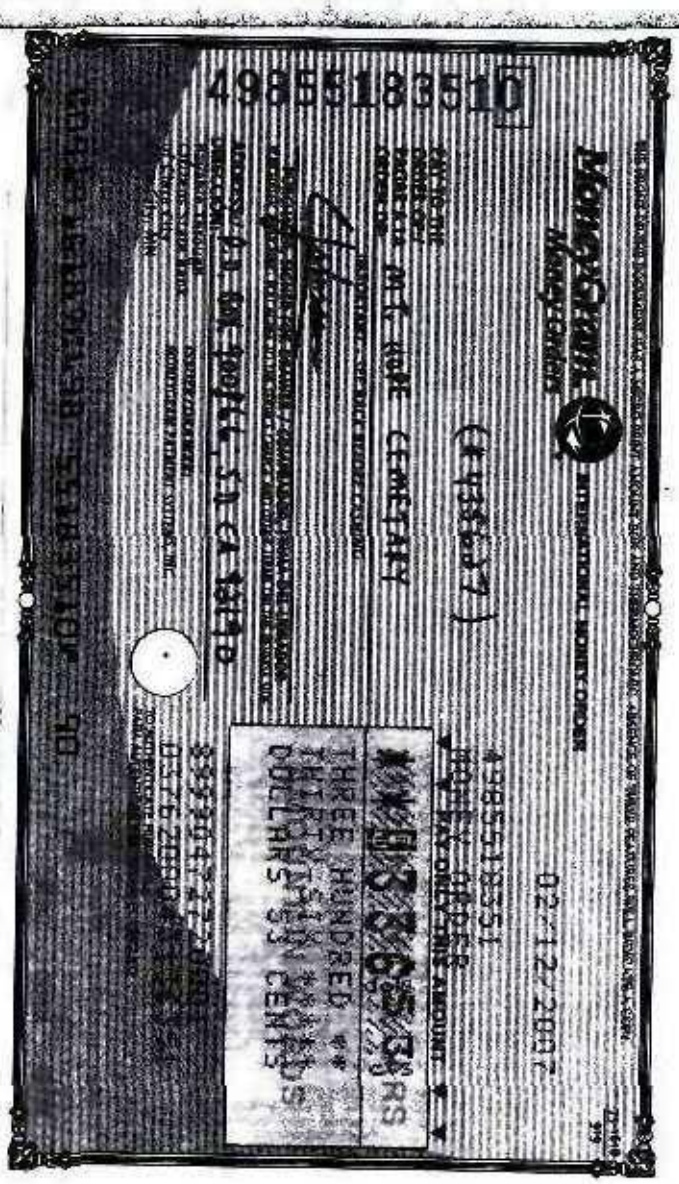
FEB 12 2007

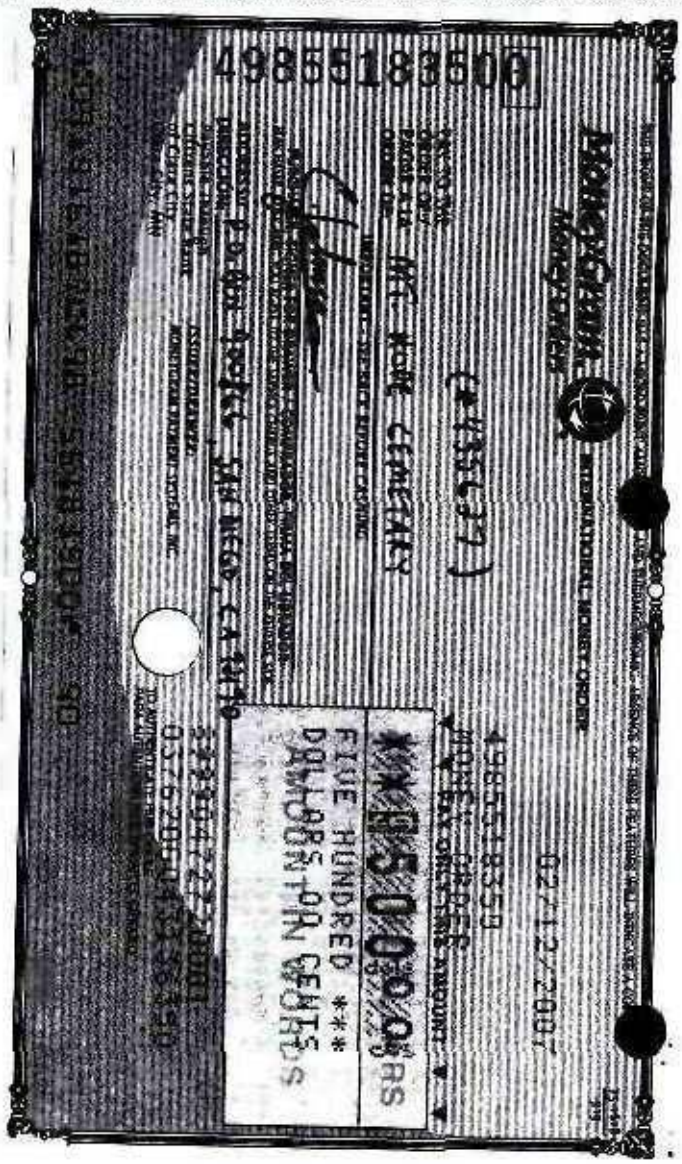
MOUNT HOPE CEMETERY

ISSUED BY Paulette C

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	836.53
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Sales Tax	60101	
	78390	
TOTAL PAID	$	836.53

AC-212A (11-05)
This information is available in alternative formats upon request.





THE FRONT OF THE DOCUMENT HAS A MICRO PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

MoneyGram Money Orders — INTERNATIONAL MONEY ORDER

02/12/2007

4985518354

MONEY ORDER

(#435626)

PAY TO THE ORDER OF / PAGAR A LA ORDEN DE: MT. HOPE CEMETARY

PAY ONLY THIS AMOUNT

$281.07

TWO HUNDRED ****
EIGHTY-ONE ****
AMOUNT IN WORDS
DOLLARS 07 CENTS

IMPORTANT - SEE BACK BEFORE CASHING

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR

ADDRESS/ DIRECCION: P.O. BOX 900866, S.D. CA 92190

ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

4985518354

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

59974

Date: February 12, 20 07

From: C. Johnson Address: P.O. Box 900866, SD CA 92190

Two hundred, Eighty One 07/00 Dollars ($ 281.07)

in Part Payment of Pre-need interest/ Fees on pre-need lot.

Div 12 Sec 2 Blk/ Row Lot 140 Grave 6&9

Invoice No. E-18625

Acct. No.

W.O.

BALANCE DUE

4985518354

☒ Money Order
☐ Charge
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 12 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	281.	07
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL PAID	$	281.	07

AC-212A (11-05)
This information is available in alternative formats upon request.

E18450

(contract ends April 2006) monthly $31.00 Final $26.00 **Paid** E-18450

JOHNSON, "CHARLES [redacted] JR. 5580 LA JOLLA BLVD. #352, LA JOLLA CA 92037 619-549-7046

DIVISION 12 SECTION 2 LOT 141 GRAVE 8	DEBIT	CREDIT	BALANCE
4/28/04 Opened pre-need lot account with 25% down. Paid by money order R-57488.	985.00		985.00
		246.00	739.00
8-9 04 R 57880 2004 June thru March 05 Coupons 1 thru 10		339 —	400 —
3-8 05 R 58604 Coupons 11 thru 17 April Thru Oct 05		217 —	183 —
12-14-05 mail Cert delinquent letter			
2/3/06 Paid — See attached		183	0

R-59973
226.65
2/12/07

1-24-06
forward to Collections
acc # 128881
Invoice # 435621

Family must pay full amount to collections / family defaulted on contract

F18450

ACR05I CUSTOMER ACCOUNT-OPEN & PAID INVOICES PG 1

ACTION: L ACCOUNT: 128881

NAME: CHARLES JOHNSON JR. SHORT NAME: CHARLES

BILL DEPT	INV TYP	INV NO	INV DATE	DUE DATE	AMOUNT	STAT CODE	PART PAYMT AMOUNT	*LAST PAYMENT* APPL DATE	REC DATE
072	GE	435621	012406	020306	183.00	P	183.00	021607	021507
072	GE	435626	012406	020306	1,392.00				
072	GE	435627	012406	020306	696.00	P	696.00	021607	021507

REQUEST COMPLETED

E18450

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-18450 DATE: 3/21/2007

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Charles Johnson JR. and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of $985.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 141 GRAVE(s): 8
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 21st day of March, 2007.

Signature / Date

Cemetery Manager

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

7005 1820 0000 0811 1545

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

E18450

THE CITY OF SAN DIEGO

12/14/2005

CERTIFIED MAIL
RECEIPT NO. 7005 1820 0000 0811 1545

Charles Johnson
5580 La Jolla Blvd # 352
La Jolla, CA. 92037

Reference: Pre-Need Delinquent Account

Dear Mr. Johnson,

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since March 2005. Your contract specified that your first payment of $31.00 was due June 2004, and every month thereafter. To bring your account to a current status, you need to pay **$62.00, and monthly payments of $31.00 to stay current.** Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by January 3, 2006, your account will be referred to our collection department. We hope the above action is not necessary. If you have any questions, please contact Mt. Hope Cemetery at (619) 527-3400.

Your original receipt contains the following contract information: Contract number E-18450, issued April 2004. Cemetery location: Division 12, Section 2, Lot 141, Grave 8.

Sincerely,

David Lugo
Cemetery Manager

Attachments:

Interment Order
Contract Entry Verification

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3402

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58604

Date: 3-8, 20 005

From: Charles Johnson Address: 5580 La Jolla Blvd

Dollars ($ 217.00)

in Part Payment of Pre-Need Payment coupons 11,12,13,14,15,16,17

Div 12 Sec 2 Blk/Row Lot 141 Grave 8 April Thru OCT 2005

Invoice No. E-18450

Acct. No.

W.O.

BALANCE DUE $183.00

Pre-Need Lot ( ) At Need ( ) On Acct ( )

Pre-need Trust ( ) Cash ( ) Check (✓)

9424855 98

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR - 8 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	217	00
of Lots	77164		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	217	00

E18450

217

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 28th day of April, 2004, between Charles J. Johnson Jr. herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 141, Grave 8, Row —, Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $985.00, payable as follows: $246.00 cash herewith, the receipt of which is hereby acknowledged; $31.00 on the 10th day of June, 2004 and the balance in installments of $26.00 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

3/7/217

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E 18450

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

E 18450

WITNESS our hands this day and year above written.

Deed to be issued to:

23 payments @ 31.00
1 payment @ 26.00

Name

Address

PURCHASER

X CHARLES J. JOHNSON JR.
Print Name

C. Johnson
X Signature

X 5580 LA JOLLA BLVD. #352
Street Address (Mail)

X LA JOLLA CA 92037
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Paulette Grey

SLW:st(62-1)
1-23-90

E18450

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

MT. Hope Cemetery
3751 Market Street
San Diego, CA 92102-4527

C015

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write *"Return Receipt Requested"* on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

.Charles Johnson
5580 La Jolla, Blvd # 352
La Jolla, CA 92037

4a. Article Number

4b. Service Type

☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
12-16-5

5. Received By: *(Print Name)*

6. Signature *(Addressee or Agent)*
Derek Malone

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 4/29/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Faires Hayes

in a _____ (Type of Burial Container) Funeral, date, time ~~Tues May 4th~~

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature

Paulette

_____
Print Name

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 18451

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18450

Office of the City Treasurer | City of San Diego

Refer To Collections

Business hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.

Delinquent Bills - Debts

The Collection Division is responsible for the collection of all delinquent monies owed to the City of San Diego.
1010 Second Avenue, 6th Floor West Tower
San Diego, CA 92101
(619) 744-3100
Fax: (619) 533-3840
E-mail: collections@sandiego.gov

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-need lots

City of San Diego
04-29-04A10:00 PAI

Date 4/29/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yor Kelley E. Morrow + James E. Morrow

in a 227733 (Type of Burial Container) Funeral, date, time 227732

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 111 Grave 11 + 12

Grave space & Care Fund 2 @ 985.00 each	1970.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container 04-29-04A10:00	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	1970.00
Paid receipt number Paid by M/C	1970.00
Balance due	0

PAID
APR 29 2004
MOUNT HOPE CEMETERY

CDL A0740901
5-2-05

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I held under deed.

James E Morrow
Signature

227732
x James E Morrow
Print Name
x844-63rd St
Address
San Diego Ca. 92114
City Zip Code
x(619) 264-5885
Telephone

Paulette
Work Order # E 18452

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

04-29-04P12:35 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Williams 277753

in a TS Vault (Type of Burial Container) Funeral, date, time Mon 5/3 10:00

Church, Chapel, Graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 16 Grave 9

Grave space & Care Fund	785
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413
Burial Container	275
Handling Fees	204
Flower vases - Marker setting fee Sun R57496	
Recording/Filing/Transfer Fee	50
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R57495	1948.31
Balance due	0

PAID

APR 29 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Hosie Lewis

I hereby authorize the interment in lot I hold under deed.

Hosie Lewis (Print Name)

X 2083 54th St (Address)

X San Diego 92105 (City, Zip Code)

X 619 2630346 (Telephone)

Signature

Pam

Work Order # E 18453

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18453

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

Blind Check Initiated By: Pam Date: 4/29

Interment space for: James Williams

Interment Date: Mon 5/3 Time: _____

Div: 12 Sect: 1 Blk/Row: _____ Lot: 16 Gr: 9

Grave Laid out by: [illegible]

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4-30-04

E18453

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	E.	WILLIAMS	04/30/1928	04/23/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	H. MARIE TEVIS-PASTOR 2003 54TH ST. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶	04/29/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 19376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	04/28/2004 G. LYNCH	▶ 2408097

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 5-04-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Harvey L. Fambro	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

05-05-04A11:42 PAID Date 5-5-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Micheal Bandas 206542

In a T.S. vault (Type of Burial Container) Funeral, date, time Thurs May 6 9:00

Church, Chapel, Graveside ; Featheringill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot ~~432~~ Grave 1

Grave space & Care Fund E-890	~~0~~
Overtime/Late Arrival Fees	~~413.00~~ R.
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	~~149.00~~ R
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	~~963.31~~ 1112.31
Balance due	∅

PAID

MAY 05 2004

MOUNT HOPE CEMETERY

963.31
149.00
1112.31

Usa Card PC

Paid receipt number Credit Card

I hereby certify I am the friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Eleanor R. Atkins
Signature

Paulette

Work Order # E 18454

Print Name x ELEANOR R. ATKINS
Address x 6460 SEAMAN ST
City x SAN DIEGO CA Zip Code 92120
Telephone (619) 582-4293

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E18454

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			O BRIAN	Sharp		
		James Bandas	X		Fogley	
		Davis		Davis	Johnson	

Blind Check Initiated By: Paulette Date: 5-5-04

Interment space for: Micheal Bandas

Interment Date: 5-6-04 Time: 9:00 Chapel

Div: 8 Sect: 1 Blk/Row: ____ Lot: 432 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: [signature] Date: 5-5-04

E18454 80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Michael	-	Bandas	11/26/1923	05/02/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Eleanor R. Atkins (Friend) 6460 Seaman St. San Diego, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115	FD-1083	▶ M. Dominguez	05/04/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	05/04/2004 M. Dominguez ▶	2408265

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP-IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

pre-need lot & trust paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-30-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Ronald E. Fellows & Wife 227740

in a T.S. Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 36 Grave 4

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	208.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1,948.31
Paid receipt number R-57503	1948.31
Balance due	∅

PAID

APR 30 2004

MOUNT HOPE CEMETERY

I hereby certify I am the self + wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

227739

I hereby authorize the interment in lot I hold under deed.

Signature

Ronald E. Fellows
Print Name

2014 Siegle Drive
Address

Lemon Grove 91945
City Zip Code

619-465-3841
Telephone 01619-463-2755

Paulette

Work Order # E 18455

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18455

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: SAT

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME: FELLOWS RONALD ELLSWORTH
2. SERIAL NUMBER: RA 15 307 877
3. GRADE—RATE—RANK AND DATE OF APPOINTMENT: PFC 1 Apr 48
4. COMPONENT AND BRANCH OR CLASS: RA MD
5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL: 0442
6. SELECTED CIVILIAN OCCUPATION AND D.O.T. NUMBER: Entertainment Specialist C-97.81 17
7. EFFECTIVE DATE OF SEPARATION: DAY — MONTH: March — YEAR: 60
8. TYPE OF SEPARATION: Discharge
9. REASON AND AUTHORITY FOR SEPARATION: R 615-365 & SR 615-365-5 Career Compensation Act of 1949
10. PLACE OF SEPARATION: 4th Inf Div Fort Ord California
11. DATE OF BIRTH — DAY: 30 — MONTH: Jan — YEAR: 29
12. PLACE OF BIRTH (City and State): Cleveland Ohio
13. DESCRIPTION — SEX: M — RACE: W — COLOR HAIR: Brown — COLOR EYES: Brown — HEIGHT: 5'11" — WEIGHT: 155

SELECTIVE SERVICE DATA

14. REGISTERED — YES: — NO: X — SELECTIVE SERVICE NUMBER:
15. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State):
16. INDUCTED — DAY: — MONTH: — YEAR:
17. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT — YES: — NO: X — COMPONENT AND BRANCH OR CLASS:
18. COGNIZANT DISTRICT OR AREA COMMAND:

SERVICE DATA

19. MEANS OF ENTRY OTHER THAN BY INDUCTION: X ENLISTED 3 yrs — REENLISTED — COMMISSIONED — CALLED FROM INACTIVE DUTY
20. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: Recruit
21. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE — DAY: 29 — MONTH: Jul — YEAR: 47 — PLACE (City and State): Ft Lewis Washington
22. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State): 2105 Guizot San Diego California

STATEMENT OF SERVICE FOR PAY PURPOSES

	A. YEARS	B. MONTHS	C. DAYS
23. NET SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD			
24. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	2	7	19
25. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	0	0	0
26. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	2	7	19

27. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY — DAY: — MONTH: — YEAR: — AMOUNT:
28. FOREIGN AND/OR SEA SERVICE — YEARS: 0 — MONTHS: 0 — DAYS: 0
29. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: None
30. MOST SIGNIFICANT DUTY ASSIGNMENT: Hq Co 6003 ASU Ft Ord California
31. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): None

32. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	33. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
Airborne Infantry training School Ft Benning Ga	Dec 47- Jan 48	Parachutist-	None
Med Fld Sv School Brooke Gen Hosp Ft San Houston Texas	Apr 48-Jun 48	Medical Tech	

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OVER AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTION DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER IF KNOWN.

34. KIND OF INSURANCE (amount and premium due each month) — N.S.L.I.: None — U.S.G.L.I.:
35. MONTH ALLOTMENT DISCONTINUED:
36. MONTH NEXT PREMIUM DUE:
37. TOTAL PAYMENT UPON SEPARATION: 77.99
38. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: 50.85
39. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: 1229 ROY C JOHNSTON MAJ FD 215122

AUTHENTICATION

40. REMARKS (Continue on reverse): No days lost under AW 107 Blood Group "O"
41. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: A C BERNSTEIN
NAME, GRADE AND TITLE (Typed): A C BERNSTEIN 2D LT AGD Asst Adj Gen

PERSONAL DATA

42. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: Insurance — CLAIM NUMBER: 3992
43. DATES OF LAST CIVILIAN EMPLOYMENT — FROM: 1943 — TO: 1947
44. MAIN CIVILIAN OCCUPATION: Director Store
45. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER: Prince Kismet Enterprise Cleveland Ohio
46. UNITED STATES CITIZEN: X YES — NO
47. MARITAL STATUS: Married
48. NON-SERVICE EDUCATION (Years successfully completed) — GRAMMAR: 8 — HIGH SCHOOL: 2½ — COLLEGE: 0 — DEGREE(S): — MAJOR COURSE OR FIELD: Academic
49. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): See #20
50. SIGNATURE OF PERSON BEING SEPARATED: Ronald E. Fellows

DD FORM 1 JAN 50 214

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD. NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C. MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK. COAST GUARD: TO HQ. COAST GUARD, WASHINGTON, D.C.)

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

Honorable Discharge

from the Armed Forces of the United States of America

This is to certify that

RONALD E FELLOWS RA 19 307 877 Private First Class Regular Army

was Honorably Discharged from the

Army of the United States

on the 17TH *day of* MARCH 1950 *This certificate is awarded as a testimonial of Honest and Faithful Service*

E D Merrill

E D MERRILL
Lt Col AGD
Adjutant General

F 18455

pre-need paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/3/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 214433 for Virginia M. Mathews

in a T.S. Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 3244 Grave 1

Grave space & Care Fund	C - 5666	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	No. 15269	0
Burial Container		275.00
Handling Fees		204.00
Flower vases – Marker setting fee		138.00
Recording/Filing/Transfer Fees		50.00
Sales taxes		21.31
Total Due		625.31
Paid receipt number	R-57502	625.31
Balance due		0

PAID
MAY 03 2004
MOUNT HOPE CEMETERY

I hereby certify I am the ^ Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

X _____ Print Name

✓ _____ Address

✓ _____ City Zip Code

✓ _____ Telephone

Paulette

Work Order # E 18456

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18456

0·00 *

TS Vault 275·00 +

H/F 204·00 +

R/F 50·00 +

TCK 21·31 +

004

550·31 *

63·00 −

001

63·00− *

0·C

138

550·31 +

63·00 −

002

487·31 *

+ 138

625·31

E18456

pre-need paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/3/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Virginia M. Matthews

in a T.S. Vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 10 Section Blk/Row Lot 3244 Grave 1

Grave space & Care Fund C - 56666	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup No. 15269	Ø
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	138.00
Recording/Filing/Transfer Fees	57.00
Sales taxes	21.31
Total Due	625.31
Paid receipt number R-57502	625.31
Balance due	Ø

PAID
MAY 03 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from *any liability on account of said authorization and interment.*

I hereby authorize the interment in lot I hold under deed.

Virginia M. Matthews
Signature

X VIRGINIA M. MATTHEWS
Print Name
7695 CHURCH STREET
Address
LEMON GROVE, CA 91945
City Zip Code
619/463-5845
Telephone

Paulette

Work Order # E 18456

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Conrad
Lemon Grove Mortuary

LICENSE #FD 941

"Our family helping your family"

DONNA J. CONRAD

MORTUARY MANAGER
FUNERAL DIRECTOR
DIRECTOR LICENSE NUMBER - FDR 332
INSURANCE LICENSE NUMBER - 078066

7387 BROADWAY • LEMON GROVE, CA 91945-1533
PHONE 619-460-4601 • FAX 619-460-8747

F 18456

April 29, 2004

Dear Paulette,

Enclosed in the check for the upgrade to vault, taxes, processing fee, and marker setting fee.

Please process this for Virginia Matthews and mail paperwork to me. I will go over to her house for signatures.

Thank you so much for your assistance. Call me if you need any further information. (619/460-4601)

Donna

E18456

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO. 15269

DATE 6-29-1972

FROM Virginia M Matthews ADDRESS 7695 Church St. L.G.

one hundred fifty three & 00/100 DOLLARS ($ 153.00)

IN full PAYMENT OF Pre-need opening/closing and cement burial liner charges

LOT 3245 GRAVE — ROW — SECTION — DIVISION BLOCK 10

INVOICE NO. CASH

W.O. C-5667

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" ON THIS SPACE.

PAID
JUN. 29 1972
MT. HOPE CEMETERY
CITY of SAN DIEGO, CAL

ISSUED BY [signature]

CREDIT SALES CARE	306 951		
HALF SALES OF LOTS	100 7784		
OPENINGS	100 7781	90	00
BOXES	100 7782	63	00
REMOVALS FOUNDATIONS	100 7783		
TOTAL PAID $		153	00

FORM AC-212

E 18456

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK ADDITION
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO. 15269

DATE 6-29-1972

FROM Virginia M Matthews ADDRESS 7575 Church St L.G.

One hundred fifty three & 00/100 DOLLARS ($ 153.00)

IN full PAYMENT OF Pre-need opening/closing and Cement burial liner charge

LOT 3245 GRAVE — ROW — SECTION — DIVISION ~~BLOCK~~ 10

INVOICE NO. CASH

W.O. C-5667

UNPAID BALANCE AFTER THIS PAYMENT K

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" BELOW

PAID
JUN. 29 1972
MT. HOPE CEMETERY
CITY of SAN DIEGO, CAL.

ISSUED BY [illegible]

CREDIT			
SALES CARD	306 951		
HALF SALES OF LOTS	100 7784		
OPENINGS	100 7781	90	00
BOXES	100 7782	63	00
REMOVALS FOUNDATIONS	100 7783		
TOTAL PAID $		153	00

FORM AC-212

625.31

4/29 Donna from Conrad mort. will be mailing me a check for ~~$48731~~ to cover TS vault, HF, RF, tax. ~~or~~ for pre-need on Virginia Mathews we will credit for $63.00 only: + marker setting fee of 138.00

AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Petra Flores 227705

In a Liner (Type of Burial Container) Funeral, date, time Thurs. May 6, 9:00

Church, Chapel, Graveside _____ ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 95 Grave 12

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	158.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1971.20
Paid receipt number R-57507	1971.20
Balance due	0

PAID

MAY 03 2004

MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Ana Flores
Print Name

3291 paternost st.
Address

TEMECULA
City

Zip Code

(909) 303-9620
Telephone

Paulette

Work Order # E 18457

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18457

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.

Sneed		Wilson	Wilson			
			X	Cruz	Anderson	
	Bxeen					

Blind Check Initiated By: Paulette Date: 5/4

Interment space for: Petra Flores

Interment Date: 05/6/04 Time: 9:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 95 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Noriega Date: 5-4-04

E18457
77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Petra	-	Flores	06/05/1926	05/02/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Fernando Flores, Son 4184 Iowa Street San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	FD-1329	▶ [signature]	05/04/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	05/05/2004 B. Campbell	2408320 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street; San Diego, CA 92102	11B. DATE BURIED 5/6/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-05-04A11:15 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah Smith 219457

in a liner (Type of Burial Container) Funeral, date, time Mon 5/10 2:00

Church, Chapel, Graveside : Claimont Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 877 Grave 1

Grave space & Care Fund B 9010	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	848.20
Receipt number R-57535	848.20
Balance due	0

PAID MAY 11 2004 MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 18458

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18458

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/05/2004

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah Mae Smith

in a bell liner (Type of Burial Container) Funeral, date, time Monday May 10, 2004 2 PM

Church, Chapel, Graveside Graveside Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division _____ Section _____ Blk/Row _____ Lot 817 Grave _____

Grave space & Care Fund		
Overtime/Late Arrival Fees		
Opening/Closing & Setup		413.00
Burial Container	209.00	~~195.00~~
Handling Fees		160.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		50.00
Sales taxes		16.20
Total Due		848.20

Paid receipt number _____

Balance due 848.20

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x _____
Signature

William R. Smith
Print Name
7950 W. Flamingo Rd Unit 1055
Address
Las Vegas NV 89147
City Zip Code
(702) 525-7383
Telephone

Work Order # E 18458

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18458

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.

		Coyle	Davis	Orton		
	Kenney	Smith	X	Lamberson	Jenkins	
			Giglioti			

Blind Check Initiated By: Pam Date: 5/5

Interment space for: Sarah Smith

Interment Date: Mon 5/5 Time: 2:00

Div: 8 Sect: 1 Blk/Row: ____ Lot: 877 Gr: 1

Grave Laid out by: KEN

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-7-04

E18458 93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SARAH	MAE	SMITH	05/18/1910	05/03/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA VEGAS	NV	WILLIAM R. SMITH-SON 7950 WEST FLAMINGO RD. #1055 LAS VEGAS, NV. 89147

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT. ABERNATHY AVE SAN DIEGO CA 92117	FD 1126	▶ [signature]	05/10/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/10/2004 K JONES	2408635 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 5-10-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT Weed Canopy/ 16 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
05-06-04A11:05

Date 5-6-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn Stransky 226903

in a linen (Type of Burial Container) Funeral, date, time Tues May 11 2:00

Church, Chapel, Graveside : Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned.

Division 10 Section ____ Blk/Row ____ Lot 1602 Grave 1

Grave space & Care Fund D-430	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup E-10891	—
Burial Container "	—
Handling Fees "	—
Flower vases – Marker setting fee R-57520 "	—
Recording/F[illegible] "	—
Sales taxes "	—
Total Due	—
Paid receipt number	0
E-10891 Balance due	0

PAID
MAY 06 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Frank E. Stiggins
Signature

X FRANK E. STIGGINS
Print Name

X 2143 BALBOA AVE
Address

SAN DIEGO CALIF 92109
City Zip Code

X (858) 274-6E8
Telephone

Paulette

Work Order # E 18459

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18459

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.

		ISBEL		STREET WILLIAM	ERSIE	
	MARTINEZ JOSE	LUCY	X	STRANSKY		
		ESSEX JOHN	LESLIE	TAYLOR		

Blind Check Initiated By: _____ Date: _____

Interment space for: Evelyn Stransky

Interment Date: 5-11-04 Time: 2:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1602 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. [illegible] Date: 5/7/04

E 18459

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EVELYN	LOUISE	STRANSKY	08/17/1911	05/04/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	FRANK STIGGINS - SON 812 W 970 N OREN, UTAH 84057

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
MAYER MORTUARY, 2859 ADAMS AVE.,SAN DIEGO,CA 92116	FD-14384

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶	5/07/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE *AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED* IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/07/2004 R.MARTINEZ	2408580 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need trust

Date 5-7-04

227759

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YOR Lemuel ERIC Stevens

In a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 14 Blk/Row _____ Lot 276 Grave 3

Grave space & Care Fund C-6350	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number R-57528	100.00
Balance due	748.20

PAID OCT 14 2005 pd in full R-59314 MOUNT HOPE CEMETERY

PAID MAY 07 2004 MOUNT HOPE CEMETERY

11/21/05 mailed deed

mom

I hereby certify I am the _____ of the above named decedent and this is my authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 134163 I hold under deed.

Adelle O. Stevens
Signature

ADELLE O. STEVENS
Print Name

3568 OCEAN VIEW BL.
Address

SAN DIEGO, CA 92113
City Zip Code

(619) 234-6914
Telephone

Paulette

Work Order # E 18460

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

STEVENS, ADELLE O. 3568 OCEAN VIEW BLVD., S.D. CA 92113 619) 234-6914

E-18460

7/24/2006 x-peep

		DEBIT	CREDIT	BALANCE
5/7/04	Opened pre-need trust. Trust includes: O/C of $413.00, B/C $209.00, H/F $160.00, R/F $50.00, Sales Taxes of 16.20. R-57528 Coupon 1 & 2	848.20		848.20
			100.00	748.20
			62.00	6[illegible]20
7-14-04	R-57784 Coupons 3 & 4		62.00	624.20
9/3/04	R-57976 " 5 + 6		62.00	562.20
11/22/04	R-58248 " 7 + 8		62 —	500.20
1-11-05	R- 58399 9 & 10		62 -	438.20
3-23-05	R- 58657 11 + 12		62 —	376.20
6/3/05	R- 58896 13 + 14		62 -	314.20
7/27/05	R- 59395 15 + 16		62 -	252.20
9/2/05	R-59136 17, 18 + 19		93	159.20
10/14/05	R-59314 20, 21, 22, 23 + 24		159-	0

PAID

OCT 14 2005

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59314

Date: 10/14, 20 05

From: Adelle D. Stevens Address: on record

One Hundred Fifty-Nine Dollars ($ 159 —)

in full Payment of Paid in full for Pre-need trust

Div 7 Sec 14 Bld Row Lot 276 Grave 3

Invoice No. E 18460

Acct. No.

W.O.

BALANCE DUE $ Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

57-398 28545

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 14 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	159 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	159 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58399

Date: Jan 11, 20 05

From: Adelle Stevens Address: 3568 Ocean View Blvd.

sixty-two 00/100 Dollars ($ 62 —)

in part Payment of pre-need trust

Div 7 Sec 14 Blk/Row Lot 276 Grave 3

Invoice No. E-18460

Acct. No.

W.O.

BALANCE DUE 438 20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 1 1 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186	62	—
Sales Tax	60101		
	78390		
TOTAL PAID	$	62	—

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58657

Date: 3/24, 2005

From: Adelle Stevens Address: on record

Sixty-two and 00 Dollars ($ 62—)

in part Payment of Pre-need trust

Div 7 Sec 14 Blk/Row Lot 276 Grave 3

Invoice No. E-13460

Acct. No.

W.O.

BALANCE DUE $376.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

MO 57-3553988

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 23 2005

Crawford

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	62—
Sales Tax	60101	
	78390	
TOTAL PAID	$	62—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57784

Date: 7/14, 2004

From: Adelle Stevens Address: on record

Sixty-two and 20 Dollars ($ 62.20)

in part Payment of Pre-need trust.

Div 7 Sec 14 Blk/Row Lot 249 Grave 1

Invoice No. E-18460

Acct. No.

W.O.

BALANCE DUE $ 624.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

57-17460558

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 14 2004

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	62.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	62.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57976

P.C.

Date: ~~Aug~~ Sept 3, 20 04

From: Odelle Stevens Address: on record

Sixty-Two and 00 Dollars ($ 62.00)

in part Payment of pre-need trust.

Div 7 Sec 14 Blk/Row Lot 276 Grave 3

Invoice No. E-18460

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

57-23978/180

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

SEP 03 2004

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57596

Date: 5/28, 2004

From: Adelle Stevens Address: on record

Sixty two and 0/00 Dollars ($ 62.00)

in part Payment of Pre-need trust

Div 7 Sec 14 Blk/Row Lot 249 Grave 1

Invoice No. E-18460

Acct. No.

W.O.

BALANCE DUE $686.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

57-1729189

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 28 2004

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	62.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	62.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58248

Date: 11/18 .20 04

From: Adelle Stevens Address: on record

Sixty-Two and 00 Dollars ($ 62.00)

in part Payment of Pre-need Trust account

Div 7 Sec 14 Blk/Row Lot 276 Grave 3

Invoice No. E-18460

Acct. No.

W.O.

BALANCE DUE $500.20

Pre-Need Lot At Need On Acct

Pre-need Trust X Cash Check

AC-212 (Rev. 4-04) 5724250489

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS BOX

PAID

NOV 18 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58896

Date: 6/3, 20 05

From: adelle O. Stevens Address: on record

Sixty-two Dollars ($ 62 —)

In Part Payment of Pre-need trust

Div 7 Sec 14 Blk/Row Lot 276 Grave 3

Invoice No. B-18460

Acct. No.

W.O.

BALANCE DUE $314.—

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

57-3579 6163

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN - 2 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	62.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62.—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59136

Date: 9-2, 2005

From: a. Stevens Address: on record

Ninety-Three and 00 Dollars ($ 93-)

in part Payment of Pre-need trust,

Div 7 Sec 14 Blk/Row Lot 276 Grave 3

Invoice No. E-18460

Acct. No.

W.O.

BALANCE DUE $159.-

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04) MO 57-3642 6548

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

SEP 02 2005

MOUNT HOPE CEMETERY

ISSUED BY Pawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	93.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	93.—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59395

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7/27 , 20 05

From: Adelle O. Stevens Address: On record

Sixty-two Dollars ($ 62)

in part Payment of Pre-need trust.

Div 7 Sec 14 Blk/Row Lot 276 Grave 3

Invoice No. LE-18460

Acct. No.

W.O.

BALANCE DUE $ 252.20

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [X] Cash [ ] Check [ ]

M.O. # 57-3609 1106

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 27 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	62 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-07-04A10:16 RCVD

Date

227801

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna Whitcomb

In a N/A (Type of Burial Container) Funeral, date, time MON. MAY 24

Church, Chapel, Graveside Delivery ; National Cemetery Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 79 Grave 1

Grave space & Care Fund	330 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116 —
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	
Total Due	496 —
Paid receipt number R-57529	496. —
Balance due	0

PAID

MAY 07 2004

57551 / 138.—

MOUNT HOPE CEMETERY

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X MERLIN TRUDO
Print Name

X 12133 ROCKCREST RD #5
Address

X LAKESIDE CA 92040
City Zip Code

X 619 443 0324
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18461

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18461

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.

		Lieutenance	Felton		tree	
			X			
			wilt		Minshall	

Blind Check Initiated By: Pam Date: 5/21

Interment space for: Edna Whitcomb

Interment Date: Mon 5/24 Time: Del

Div: 8 Sect: 4 Blk/Row: ____ Lot: 79 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. Vinterman Date: 5/24/14

Flag on grave

E 18461

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDNA	B.A.	WHITCOMB	06/28/1917	05/04/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]EL CAJON	SAN DIEGO	MERLIN TRUDO - SON 12133 ROCKCREST ROAD, #5 LAKESIDE, CA 92040

7A. NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: NATIONAL CREMATION SERVICES - 645 "H" STREET SUITE #J, CHULA VISTA, CA 91910

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD 1707

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 05/10/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: NIA GOOD 05/10/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2408640 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: P.O. BOX 85222 SAN DIEGO, CA 92186 5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] O. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 5-24-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED: 05-17-2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-10-04A08:39 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Radovich 215852

in a TS Vault (Type of Burial Container) Funeral, date, time Tues 5/11 11:00

Church, Chapel, Graveside : Community Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4898 Grave 1

Grave space & Care Fund	E 10309
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	
Paid receipt number	
Balance due	0

I hereby certify I am the x Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

x PAUL RAVIART

Print Name

x

Address

x 3356 MORAGA PL

City

x SAN DIEGO

Zip Code 92117

Telephone 619-276-6146

Invoice # _____

Work Order # E 18462

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18462

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.

			Kusunoki			
	Sutka	Jones Soto	X			
		Bodor				

Blind Check Initiated By: Pam Date: 5/10

Interment space for: Helen Radovich

Interment Date: Tues 5/11 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4848 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No Flag on Grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-10-04

E18462

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Helen	B.	Radovich	03/16/1916	05/06/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Bonita	San Diego	Irene L. Duzyk - Niece 214 Sierra Way Chula Visat, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Community Mortuary 855 Broadway Chula Vista, CA 91911	FD1682

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
		▶ Debra Humphrey	05/10/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT *
		$13.00	05/11/2004 D. Humphrey	2408678 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego County Dept. of Vital Records P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 5.11.04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ R. Bl. Bu	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/10/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee Roy Davis 207500

in a Liner (Type of Burial Container) Funeral, date, time Fri May 14, 12:00

Church, Chapel, Graveside _____ ; CA Burial CLAUDETTE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 77 Grave 10

Grave space & Care Fund E-13584	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number R-57542	848.20
Balance due	Ø

PAID

MAY 12 2004

MOUNT HOPE CEMETERY

MORT. TO Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

See attached

Invoice # _____

Work Order # E 18463

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT Deed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/10/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee Roy Davis

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row ____ Lot 27 Grave 10

Grave space & Care Fund E-13584	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases + Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number	
Balance due	

MORT. TO Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X June Davis (Signature)

Paulette

X June Davis (Print name)
X 101 S. 58th St (Address)
X San Diego Ca 92114 (City, Zip Code)
X 619-262-6874 (Telephone)

Work Order # E 18463

Invoice # _____

Acct. # _____

RCA-104 (3-04) This information is available in alternative formats upon request.

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E18463

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.

Bouty						
	Davis		x	Johnson	Antwine	
					white	

Blind Check Initiated By: Paulette C Date: 5/11

Interment space for: Lee R. Davis

Interment Date: 5/14/04 Time: ~~[illegible]~~ 12:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 77 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARRELL Date: 5-12-04

waive setting fee -
install trion base -

E 18463 - 88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEE	R	DAVIS	05/30/1915	05/06/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	JUNE MARIE DAVIS-WIFE 101 S 58TH STREET SAN DIEGO CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ [illegible]	05/11/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/13/2004 V MITCHELL	▶ 2408908

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 5-14-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Nancy L. Fank	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust

Date 5-11-04

227369

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Farris Davidson

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ \

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 233 Grave 11

Grave space & Care Fund E-18238	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number Paid by credit card	424.00
Balance due	424.20

PAID

OCT 06 2005

MOUNT HOPE CEMETERY

pd in full mastercard

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

See attached signature

Invoice #

Acct. #

Work Order # E 18464

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 18464

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust

Date 5-11-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mr Farris Davidson

In a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ \

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 233 Grave 11

Grave space & Care Fund E-18238	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number Paid by credit card	424.00
Balance due	424.20

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.

Farris Davidson
Signature

Pauletta

FARRIS DAVIDSON
Print Name

411 30th St. #2
Address

San Diego 92104
City Zip Code

(619) 640-1227
Telephone

Work Order # E 18462

Invoice # _____

Acct. # _____

REA-104 (3-04)

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59430

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 8/4, 20 05

From: Farris D. Davidson Address: [illegible]

Forty-Nine Dollars ($ 49.00)

in part Payment of Pre-needs.

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18238 - E-18464

Acct. No.

W.O.

BALANCE DUE $181.00 - $154.20

Pre-Need Lot X At Need | On Acct |

Pre-need Trust X Cash | Check X

1366

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 0 3 2005

MOUNT HOPE CEMETERY

ISSUED BY [illegible]

CREDIT	67007	31	—
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	18	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	49.	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59126

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9 - 1 , 2005

From: Farris Davidson Address: on record

Forty-Nine Dollars ($ 49-)

in part Payment of Pre-need Lot / Trust

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18238

Acct. No. E-18464

W.O.

BALANCE DUE $150.-

$136.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

1384

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
PAID
~~AUG 3 1 2005~~
SEP - 1 2005
MOUNT HOPE CEMETERY
MOUNT HOPE CEMETERY

ISSUED BY pchangord

CREDIT	67007	
20% Sales Care	77184	31-
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	18-
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	49-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59030

Date: 7-7, 20 05

From: Farris Davidson Address: On record

Forty nine and 00 Dollars ($ 49.-)

in Part Payment of Pre-need lot trust.

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18238

Acct. No. E-18464

W.O.

BALANCE DUE ~~$ 243.00~~
$ 190.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

1342

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 07 2005

MOUNT HOPE CEMETERY

ISSUED BY Pcrawford

CREDIT	67007	
20% Sales Care	77184	31.—
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	18.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	49.—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58921

Date: 6/7, 2005

From: Farris Davidson Address: on record

Forty-nine and 00 Dollars ($ 49.-)

in Part Payment of Pre-need lot + trust

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18464-E-18238

Acct. No.

W.O.

BALANCE DUE $ 190.20
$ 243-

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check ☐ X

1326

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN - 7 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31-
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	18-
Trust	77186	
Sales Tax	60101	
	76390	
TOTAL PAID	$	49-

PC

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58841

Date: 5-12, 20 05

From: Farris Davidson Address: Dr record

Forty-Nine Dollars ($ 49 —)

in part Payment of Pre need lot and trust

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18238/E-18464

Acct. No.

W.O.

BALANCE DUE 214.00/208.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

1307

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 11 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	18. —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	49 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58581

Date: March 3, 2005

From: Farris Davidson Address: on record

Forty Nine Dollars ($ 49.00)

in part Payment of Pre-need lot/trust.

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18464

Acct. No. E-18238

W.O.

BALANCE DUE $244.00

$336.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check ☐ X

1264

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAR 03 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	49.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	49.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58681

Date: March 30, 20 05

From: Furris D. Davidson Address: 4111 30th St Apt. 2 SD Ca 92104-1900

Forty-nine and 00 Dollars ($ 49.00)

in Part Payment of Pre-need Lot/Trust.

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-13464

Acct. No. E-10238

W.O.

BALANCE DUE $226.20
$305.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

1277

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 29 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	81.00
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	18.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	49.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

E18464

58505

Date: 2/18, 20 05

From: Farris D. Davidson Address: on record

Forty-Nine Dollars ($ 49)

in part Payment of preneed lot trust

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No.

Acct. No.

W.O.

BALANCE DUE $367- E18238

$ E-

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

1244

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

2/17

ISSUED BY pcrawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	18.	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	49	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58312

Date: December 14, 20 04

From: Farris D. Davidson Address: 4111 30th St. Apt 2, S.D. CA 92104-1900

Forty-Nine and 00 Dollars ($ 49.00)

in Part Payment of Pre-need Accounts Coupons 7+10

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18464

Acct. No. E-18238

W.O.

BALANCE DUE $298.20/$429.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

OK#1199

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 14 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	49.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handing Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	49.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58234

Date: Nov. 15, 20 04

From: Harris Davidson Address: 4111 30th St. #2 S.D. CA. 92104

forty-nine ~~00/100~~ Dollars ($ 49-)

in part Payment of pre-need lot and trust

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18464/E18238

Acct. No.

W.O.

BALANCE DUE 316 20/ 460-

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 1177

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 15 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	18	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	49	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58092

Date: October 5, 20 04

From: Farris Davidson Address: on record

Forty-Nine and 00 Dollars ($ 49.00)

in Part Payment of Pre-need Lot/Trust.

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18238/E-18464

Acct. No.

W.O.

BALANCE DUE $491.00
$334.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X
1138

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 05 2004

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	18.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	49.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58402

Date: Jan. 11, 20 05

From: Harris Davidson Address: 4111 30th. st. #2

fourty-nine 100 Dollars ($ 49 -)

in part Payment of pre-need lot / pre-need trust

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18464/E-18238

Acct. No.

W.O.

BALANCE DUE 280.20/398.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

1217

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 1 1 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	18	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	49	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57993

Date: Sept 9 20 04

From Farris Davidson Address: 411 30th st #2 SD 92102

Dollars ($ 49.00)

in part Payment of pre need

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E 18238

Acct. No. 18464

W.O.

BALANCE DUE 522.00/352.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1126

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 09 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hold

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	18	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57885

Date: Aug 11, 20 04

From: Janis Davidson Address: 4111 30th St #2 SD 92104

Dollars ($ 49.00)

In part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E 18238

Acct. No. E-18464

W.O.

BALANCE DUE 553-9310.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 1096

NOT VALID FOR CORRECT ACCOUNTING UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 11 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	*77164*	
80% Sales	100	
of Lots	77184	31 —
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	18 —
Sales Tax	60101	
	78390	
TOTAL PAID	$	49 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57782

Date: July 14, 20 04

From: Farris Davidson Address: 4111 30th St #2 SD 92104

Forty-Nine and 00/00 Dollars ($ 49.00)

in Part Payment of Pre-need trust acct.

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18464

Acct. No.

W.O.

BALANCE DUE $ 357.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐ 1075

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 14 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	~~49.00~~ 18.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	~~49.00~~ 18.00

PC

PC

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

E 18464

57546

Date: May, 20 04

From: Farris D. Dowdson Address: on record

Thirty-One and 00/ Dollars ($ 31.00)

in part Payment of Pre-need lot account

Div 12 Sec 2 Blk/Row Lot 233 Grave 11

Invoice No. E-18238

Acct. No.

W.O.

BALANCE DUE $646.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1030

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 12 2004

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31.	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31.	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57447

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 15, 20 04

From: Farris Davidson Address: 4111 30th St. Apt. 2 SD Ca 92104

Thirty-One and 00 Dollars ($ 31.00)

in part Payment of Pre-need lot account.

Lot 233 Grave 11 Row — Section 2 Division ~~Block~~ 12

Invoice No. E - 18238

Acct. No.

W.O.

BALANCE DUE $ 677.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X] 1009

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 15 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	31.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57267

Date: March 2, 20 04

From: Farris Davidson Address: on record

Thirty-One and 00 Dollars ($ 31.00)

in Part Payment of Pre-need lot account.

Lot 233 Grave 11 Row ____ Section 2 Division ~~Block~~ 12

Invoice No. E-18238

Acct. No. ____

W.O. ____

BALANCE DUE $708.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 1008

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 0 2 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	31 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31.00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

Contract Expires May 2006

E-18464

DAVIDSON, FARRIS 4111 30th Street #2 San Diego CA 92104 (619) 640-1227

		DEBIT	CREDIT	BALANCE
5/10/04	Opened pre-need trust account, paid by credit card	848.20		848.20
	Division 12, Section 2, Lot 233, Grave 11		424.00	424.20
6/8 04	57620 No coupon		18 —	[illegible].20
7-14-04	57782 No Coupon		18.00	388.20
8-11 04	57885 #3		18.00	370.20
9-9 04	57993 4		18.00	352.20
10/5/04	58092 5		18 —	334.20
11/15/04	58234 6		18 —	316.20
12/14/04	58312 7		18 —	298.20
1-11-05	58402 8		18 —	280.20
2-17-05	58505 9		18 —	262.20
3-3-05	58581 10		18 —	244.20
3-30-05	58681 11		18 —	226.20
5-12-05	58841 12		18 —	208.20
6-9-05	58921 13		18 —	190.20
7-7-05	59030 14		18 —	[illegible].20
8-4-05	59130 15		18 —	154.20
9-1-05	59126 16		18 —	136.20
10/06/05	Visa Card Paid in full on phone		136.20	0

PAID
OCT 06 2005
MOUNT HOPE CEMETERY

all to trust

Dis

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/10/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sioux J. DuPont @ 149365

in a _____ (Type of Burial Container) Funeral, date, time MON MAY 17th 10:00

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division Loof Section _____ Blk/Row 14 Lot 127 Grave 30

Grave space & Care Fund B-3858 0

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... Disinterment 385.00

Sales taxes ..... _____

Total Due 385.00

Paid receipt number Credit Card 385.00

Balance due 0

PAID

MAY 10 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Grand nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I 227776 hold under deed.

Signature

x Thomas Lovell
Print Name

1938 31st Street
Address

San Diego Ca 92102
City Zip Code

(619) 857-5273
Telephone

Paulette CDL C1276555 6/9/05

Invoice # _____

Work Order # E 18465

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18465

Re-file

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Sioux	Jay	Dupont	07/27/1907	08/31/1958	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Tom Lovell (Nephew) 1938 21st St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	9A. SIGNATURE OF APPLICANT	9B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115	FD-1083	M. Dango	05/10/2004

AFFIDAVIT IN ARREAR

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PARTS 1 OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
	13.00	05/11 2004	M. Dominguez

9D. CHANGE INFORMATION ON REVERSE, A NEW PERMIT TO SHOW FINAL DISPOSITION	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9F. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	P.O. Box 85222 San Diego, CA 92186-5222	315 Camino Del Remedio Santa Barbara, CA 93110

10. AUTHORIZED DISPOSITION(S) (CHECK APPLICABLE ITEM)

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY UNVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (NAME AND ADDRESS)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Santa Barbara Cemetery: 901 Chanel Dr. Santa Barbara, CA 93108	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS TRANSPORTER IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR — VS 9 (REV. 6/91)

2408679

May 11 04 10:13a FEATHERINGILL 619 583 7038 p.1

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF (Sioux J. Dupont)

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of (Sioux J. Dupont) 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 (Sioux J. Dupont) 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 (Sioux J. Dupont) is identified as:

Lot 127 Grave 30 Block 14 Section IOOF Division -

We acknowledge that we have been advised that the remains of *(Sioux J. Dupont) may not be present and/or intact.*

Phoenix MaryGrace Hocking	daughter
SIGNATURE(S)	RELATION TO DECEASED

Alandra Foster
WITNESSED BY

ALANDRA FOSTER
Madison County
My Commission Expires
September 18, 2013

12-4-03
DATE

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3753 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

Phoenix Mary Grace Hocking
117 Madison 3180
Huntsville, AR 72740
Phone: 479-665-2359 * Fax: 479-665-2325
PhxMaryGrace@yahoo.com

04 December 2003

To Whom It May Concern

This letter is to give my permission for any of the following people to make decisions regarding the cremains, placement of cremains, and custody of cremains, of both my mother, Lillie Geneva Dupont, and my father, Sioux Jay Dupont.

I have listed the people who are most likely to be close enough to tend to their affairs, along with their relationship to either or both of them:

Tommy Lovell (grand-newphew of both)
Cora Patton (granddaughter of both)
Penny Gould (daughter of both)
Ricky Dupont (son of both)
Frank Dupont (son of both)
Billy Brutchin (son of mother)

If you have any questions, or if you need further information, please do not hesitate to contact me at the above address or phone number.

Sincerely,

Phoenix Hocking

Phoenix Mary Grace Hocking
(daughter of both)

STATE Arkansas
COUNTY OF MADISON
I do hereby certify that the foregoing is a true and correct copy of the original document.
Alandra Foster
Notary Public
9-18-2013
My Co[illegible]

ALANDRA FOSTER
Madison County
My Commission Expires
September 18, 2013

E18465

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Johnson	Collins	Hawkins		Vetter	
			X			

Blind Check Initiated By: Pawette Date: 5/13

Interment space for: Sioux J. Dupont ☒

Interment Date: Mon. May 17th Time: 10:00

Div: IOOF Sect: Blk/Row: 14 Lot: 127 Gr: 30

Grave Laid out by: Harvey Fambro

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Norman Fenque Date: 5-17-04

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

05-11993-90935--PMT Date 5/11/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Renfro 227783 2:00

in a Liner (Type of Burial Container) Funeral, date, time Monday May 17th

Church, Chapel, Graveside Delivery ; Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Gabriel

will be applied and billed to undersigned. 559 998 3718

Division 7 Section 4 Blk/Row ____ Lot 98 Grave 68

Grave space & Care Fund A-4410	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	138.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	986.20
Paid receipt number Visa	986.20
Balance due	Ø

PAID MAY 1 2004 MOUNT HOPE CEMETERY

Diana Fax 541) 686-2112

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.

X _____ Signature

X _____ Print Name

✓ _____ Address

✓ _____ City Zip Code

✓ _____ Telephone

See attached

Paulette

Work Order # E 18466

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

05-11993-90935 Date 05/11/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Renfro

in a Liner (Type of Burial Container) Funeral, date, time Monday May 17th

Church, Chapel, Graveside Delivery : Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Babuel

will be applied and billed to undersigned.

Division 7 Section 4 Blk/Row ____ Lot 98 Grave 68

Grave space & Care Fund A-4410	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker [illegible] fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	986.20
Paid receipt number Visa	986.20
Balance due	0

PAID MAY 11 2004 MOUNT HOPE CEMETERY

Diana Fax 541) 686-2112

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Walter J Renfro
Signature

x Walter Renfro
Print name

x 5975 Main St
Address

x Springfield 97478
City Zip Code

x 541 747-5830
Telephone

Paulette

Work Order # E 18466

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 18465

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.

		Griffith	x	Lucretia Renfro	Farmer	
	Sherman		Kispert			

Blind Check Initiated By: Paulette Date: 5/12

Interment space for: Louise Renfro

Interment Date: 5/17/04 Time: 2:00

Div: 7 Sect: 4 Blk/Row: ____ Lot: 98 Gr: 68

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes - ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: _____ Date: _____

F18465

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOUISE	COFFEE	RENFRO	05/11/1919	05/10/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRINGFIELD	OR	WALTER RENFRO-SON 5975 MAIN ST. SPRINGFIELD, OR. 97478

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO, CA. 92102	FD 843	▶ (C R Z	05/14/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/17/2004 K JONES	2409027 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 5-17-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-12-04A10:17 RCVD

Date _____

227773

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Duneghy

in a TS Vault (Type of Burial Container) Funeral, date, time Sat 5/15 1:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.—

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 9 Grave 7

Grave space & Care Fund	825 —
Overtime/Late Arrival Fees	660 —
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	204 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	21.31
Total Due	2498.31 ~~1838.31~~ DH
Paid receipt number	MC 2498.31
Balance due	0

PAID

MAY 12 2004

MOUNT HOPE CEMETERY

I hereby certify I am the daughter in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature] Signature

Pam

x Gwen Howell
Print Name

x 440 S. 49th #3
Address

x San Diego 92113
City Zip Code

x 619-527-8369
Telephone

Invoice # _____

Work Order # E 18467

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18467

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.

		Boone	Case	Case	Poyton	
		Thomas	x	Stroud	Murphy	

Blind Check Initiated By: Paulette Date: 5/12

Interment space for: Dorothy Duneghy

Interment Date: 5/15/04 Time: 1:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 9 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: [illegible] Date: 5/12/04

E18467

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Dorothy	Howell	Duneghy	02/28/1932	05/10/2004	F

5A. CITY OF DEATH: Atwater

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: Merced

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Goldie Darrett - Daughter, 1765 Chalet Court, Atwater, CA. 95301

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Hillview Funeral Chapel, 1258 R Street, Newman, CA. 95360

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD 507

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT — Person taking permit: ▶ Mary Lisa [illegible]

8B. DATE SIGNED: 05/12/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

9A. AMOUNT OF FEE PAID: $13/00

9B. DATE PERMIT ISSUED: 05/12/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Tim Lewis [illegible]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: 260 E 15th Street, Merced, CA. 95340

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: P.O. Box 85222, San Diego, CA. 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery, 3751 Market St., San Diego, CA. 92102	11B. DATE BURIED: 5-15-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Norman Ferguson
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE: n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5-12-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugenia Williams 227780

in a T.S. Vault (Type of Burial Container) Funeral, date, time mon. May 17th 11:00 AM

Church, Chapel Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 92 Grave ~~X~~ 5 P.C.

Grave space & Care Fund E-10073	~~785.00~~
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	209.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total	963.31

PAID

MAY 17 2004

MOUNT HOPE CEMETERY

MORT. to Pay

Paid receipt number RS7552 ~~1948.31~~ P.C.

Balance due —0—

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See Attached

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18468

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18468

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.

		Zollicoffer	x	Wade	Downs	Valonia
		white	may			

Blind Check Initiated By: Paulette Date: 5/13

Interment space for: Eugenia Williams

Interment Date: 5-17-04 Time: 11:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 92 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREL Date: 5-13-04

E 18468 88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Eugenia	Helen	Williams	06/26/1915	05/11/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Carl R. Woodson, Son 3030 L.Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Tla. Cardoa	05/14/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	05/15/2004 B. Campbell	2409009 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 5-17-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Jamison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5-12-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugenia Williams in a T.S. Vault (Type of Burial Container) Funeral, date, time 05/17/2004 @ 11:00A Church, Chapel, Graveside Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row ____ Lot 92 Grave ~~2~~ 5 PC.

Grave space & Care Fund E-10073	~~185.00~~ 0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	
Paid receipt number PC ~~1942.31~~	963.31
Balance due	

MORT. to Pay

I hereby certify I am the _____ of the above named deceased and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature

Carl R. Nordson
Print Name

3030 L Street
Address

San Diego, CA 92102
City Zip Code

(619) 239-5633
Telephone

Paulette

Work Order # E 18468

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-12-04P01:17 PAID Date 5/12/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vanessa M. Shafer (infant) 169936

in a _____ ~~Funeral, date, time~~ Time May 13, 2004 9:00

Type of Burial Container

Church, Chapel, Graveside _____ To: Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 2163 Grave 1

PAID

MAY 12 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee Disinterment	440.00
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	440.00
Paid receipt number R-57543	440.00
Balance due	Ø

Amy fax 269-3433

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.

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

"See attached"

Signature _____

Paulette

Invoice # _____

Work Order # E 18469

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18469

Disinterment

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.

Stevens			X			
			Philpott			

Blind Check Initiated By: Pauline Date: 5/12

Interment space for: Vanessa Shafer

Interment Date: 5/13/04 (Thurs.) Time: 9:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 2163 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Map

Blind Check & Verified By: DARREYL Date: 5-12-04

249

E 18469

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VANESSA	MARIE	SHAFER	12/02/1975	01/24/1976	F

CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	THERESA SHAFER - MOTHER 12607 SOUTH KOSH STREET PHOENIX, AZ 85044

TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843	▶ Nia Good	05/11/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	NIA GOOD 05/12/2004	2408768 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [X] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED THERESA SHAFER - MOTHER: 12607 SOUTH KOSH STREET, PHOENIX, AZ 85044	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E 18469

AFFIDAVIT TO AMEND A RECORD

00769

STATE FILE NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1A.	1B.	1C.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1A. NAME-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
	VANESSA	MARIE	SHAFER

ADDITIONAL INFORMATION TO LOCATE RECORD	2. SEX	3. DATE OF EVENT—MONTH, DAY, YEAR	4A. CITY OF OCCURRENCE	4B. COUNTY OF OCCURRENCE
	F	01/24/1976	SAN DIEGO	SAN DIEGO

5. FATHER'S NAME AS STATED ON ORIGINAL	6. MOTHER'S NAME AS STATED ON ORIGINAL
RICHARD EMERSON SHAFER, JR.	THERESA FRANCES McHUGH

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE

7. CERTIFICATE ITEM NUMBER	8A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8B. INFORMATION AS IT SHOULD APPEAR
23	MOUNT HOPE CEMETERY	RES: THERESA SHAFER - MOTHER
	3751 MARKET STREET	12607 SOUTH KOSH STREET
	SAN DIEGO, CA 92102	PHOENIX, AZ 85044
22A	BURIAL	CR/TR/RES

REASON FOR CORRECTION

9. TO CHANGE THE PLACE OF DISPOSITION

AFFIDAVITS AND SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

10A. SIGNATURE OF FIRST PERSON	10B. TITLE/RELATIONSHIP TO PERSON IN PART I	10C. DATE SIGNED
▶ Mr Good	MORTUARY CLERK	05/12/2004

10D. AGE	10E. ADDRESS (STREET, CITY, STATE, ZIP)
LEGAL	I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102

USE BLACK INK ONLY

11A. SIGNATURE OF SECOND PERSON	11B. TITLE/RELATIONSHIP TO PERSON IN PART I	11C. DATE SIGNED
▶ [illegible]	MORTUARY CLERK	05/12/2004

11D. AGE	11E. ADDRESS (STREET, CITY, STATE, ZIP)
LEGAL	I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102

STATE/LOCAL REGISTRAR USE ONLY	12. SIGNATURE OF STATE OR LOCAL REGISTRAR	13. DATE ACCEPTED FOR REGISTRATION
	▶	

E 18469

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: April 30, 2004

I/We Richard Shafer And Teresa Shafer

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO Children's Hospital
Street Address: 3020 Children's Way Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92123
Telephone #: (858) 576-1700

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 9 Section: " 1 " Blk / Row: " N/A "
Lot(s): 2163 Grave(s): 1

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 10th day May 2004

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS

WITNESS

Paulette Crawford
CEMETERY REPREHENSIVE NAME

Legal Owner / Reprehensive Signature

Legal Owner / Reprehensive Signature

Cemetery Reprehensive Signature

LORENA CONTERAS
NOTARY PUBLIC STATE OF ARIZONA
MARICOPA COUNTY
My Commission Expires
April 10, 2006

State of ARIZONA County of MARICOPA
Subscribed and sworn before me on 5/10/04
(Date)
(Notary Signature)

E 18469

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Vanessa Marie Shafer

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Vanessa M. Shafer 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 Vanessa M. Shafer 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 Vanessa M. Shafer at Mt. Hope Cemetery is identified as:

Division: 9 Section: 1 Blk/Row: _____ Lot: 2163 Grave: 1
Receiving Cemetery: _____ City: _____ ST: _____
Misc Infor:

We acknowledge that we have been advised that the remains of Vanessa M. Shafer may not be present and/or intact.

[signature]	FATHER
[signature]	MOTHER
SIGNATURE(S)	RELATIONSHIP TO DECEDENT

WITNESSED BY

5/10/04
DATE

LORENA CONTERAS
NOTARY PUBLIC STATE OF ARIZONA
MARICOPA COUNTY
My Commission Expires
April 10, 2006

State of ARIZONA County of MARICOPA
Subscribed and sworn before me on 5/10/04 (Date)
[signature] (Notary Signature)

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-13-04A09:25 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yolanda Barrera 227772

in a DD 2nd Funeral, date, time Sat 5/15 10:00

Type of Burial Container

Church, Chapel, Graveside : Cypress Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division D Section 2 Blk/Row _____ Lot 217 Grave 7

Grave space & Care Fund E16573	Ø
Overtime/Late Arrival Fees	600
Opening/Closing & Setup	413
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50
Sales taxes	
Total	1123
Payment receipt number R-57547	1123
Balance due	Ø

PAID

MAY 13 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Victor M. Badorena

Signature

X Victor M. Badorena

Print Name

X

Address

X 3752 33 ST. #3 92104

City Zip Code

X SAN DIEGO. (619) 284-0246

Telephone

Invoice # _____

Work Order # E 18470

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E1847C

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. In grave of Jose Barrera

	Ray		Villa			
			Barrer	Barrer	Barrer	
			X			
				Rosas		

Blind Check Initiated By: Pam/Paulette Date: 5/13

Interment space for: Yolanda Barrera

Interment Date: Sat 5/15 Time: ?

Div: 12 Sect: 2 Blk/Row: ____ Lot: 217 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: PARREY1 Date: 5-13-04

E 18470
35

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YOLANDA	-	BARRERA	10/25/1968	05/12/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	VICTOR BARRERA - BROTHER 3752 33RD ST #3 SAN DIEGO CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ECM CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113	FD-870	▶ [signature]	05/13/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/14/2004 L CASTRO	2409015 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 5-15-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rual

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-13-04P01:22 CFMD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Smith, 227785

in a liner (Type of Burial Container) Funeral, date, time Tues 5/18 1:00

Church, Chapel, Graveside Emanuel Chapel Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 246 Grave 8

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R 57563	1833.20
Balance due	0

PAID

MAY 18 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary Rep

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

Approval Date 3:15

X Sharon Lavender

Print Name

X Sharon Lavender

Address

X 2210 Rebecca Way LemGrv 91945

City Zip Code

X (619) 460-8170

Telephone

Invoice # _____

Work Order # E 18471

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18471

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.

	Pulkum					
			X			
		El vain	Meshak			

Blind Check Initiated By: Pan Date: 5/

Interment space for: Margaret Smith

Interment Date: Tues 5/18 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 246 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 5-14-04

E18471

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

527-3400

DATE	YOUR ORDER NO.
05-24-2004	E-18471

TO: Sharon Lavender
2210 Rebecca way
Lemon Grove CA 91945

DESCRIPTION OF CHARGE	AMOUNT
Late arrival fee for Margaret Smith service. Arrived at 3:15. Due 10 days from receipt of notice.	$165.00

WK # (619) 532-7707 ← Morrell's WK #
~~HM~~ # (619) 460-8170

MORRELL LAVENDER

05-24-04 A10:12 001

1. spoke Morrell to 6/7/04
- waived the late fee
- informed him about the marker setting fee & vases

E18471

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
05-24-2004	E-18471

TO: Sharon Lavender
2210 Rebecca way
Lemon Grove CA 91945

DESCRIPTION OF CHARGE	AMOUNT
Late arrival fee for Margaret Smith service. Arrived at 3:15. Due 10 days from receipt of notice.	$165.00

E 18471

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Margaret	Serina	Smith	05/17/1933	05/11/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Marilyn Hill, Daughter 7137 Waite Drive La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	05/14/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	05/14/2004 B. Campbell	2408991 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 4751 Market Street San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-13-04P01:45 RCVD

Date _____

227808

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Anthony Ford 80 1030

In a N/A Funeral, date, time Tues May 25

Type of Burial Container

Church, Chapel, Graveside _____ ; 80 Mendocino Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 482 Grave 1

Grave space & Care Fund	330 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116 —
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	
Total Due	496 —
Paid receipt number R 57549	496 —
Balance due	0

PAID

MAY 13 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Mortuary Rep, of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paul

Sheila A. Williams

Print Name

2441 University Ave

Address

SD 92104

City Zip Code

619 692 3040

Telephone

Invoice # _____

Work Order # E 18472

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18472

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.

			Delgado			
	Mickelson		X		Free	

Blind Check Initiated By: Pam Date: 5/20

Interment space for: Anthony Jad Ø

Interment Date: June 5/25 Time: ? 10:30

Div: 8 Sect: 4 Blk/Row: ____ Lot: 482 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: [illegible] Date: 5/24/24

E18472

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANTHONY	LEMOND	FORD	01/09/1971	05/02/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
KANSAS CITY	MISSOURI	KIMBERLY L. FORD-SPOUSE 1624 CANYON RD. #98 SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	05/25/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/25/2004	J. LEMON JR. ▶ 2409564

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 1 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601-D CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E18472

2008-01

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANTHONY	LEMOND	FORD	01/09/1971	05/02/2004	M

5A. CITY OF DEATH: KANSAS CITY

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: MISSOURI

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
KIMBERLY L. FORD-SPOUSE
1624 CANYON RD. #98
SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
SAN DIEGO MEMORIAL CHAPEL
2441 UNIVERSITY AVE.
SAN DIEGO, CA 92104

7B. CALIF LICENSE NUMBER — IF APPLICABLE: FD-1575

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Joseph Lemon Jr

8B. DATE SIGNED: 05/06/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 05/07/2004 J. LEMON JR.

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ 2408523

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: -

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA:
P.O. BOX 85222
SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-25-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Morgan Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601-D CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED 5-13-04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-27-04P02:48 BA Date 5/14/04

top center

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESSIE WILLIAMS 227833

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 9/28

Church, Chapel, Graveside Delivery Poway-Bernardo Mortuary. DAVID

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 159 Grave 8

Grave space & Care Fund E-9167	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.93
Total Due	297.73
Paid receipt number R-57595	297.73
Balance due	0

PAID

MAY 27 2004

MOUNT HOPE CEMETERY

fax 858-748 4069

858-748 4101

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Paulette

Work Order # E 18473

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/14/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESSIE WILLIAMS

in a ASH VAULT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Poway-Bernardo Mortuary

All Funeral cars must arrive before 2:00 p.m. of regular work day or an extra charge of $ DEVIP

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row Lot 159 Grave 8

Grave space & Care Fund E-9167	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	52.00
Sales taxes	4.93
Total Due	297.73

fax 858-748 4069
858-748 4101

Paid receipt number

Balance due

I hereby certify I am the NIECE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in fee I hold underdeed.

(X) Catherine Bullard
Signature

CATHERINE BULLARD
Print Name
1025 Judd St.
Street
Ft. Worth, TX 76104
City Zip Code
(817) 926-7319
Telephone

Paulette

Work Order # E 18473

Invoice #

Acct. #

This information is available in alternative formats upon request.

© Printed on recycled paper

E 18473

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Thomas	Brown	Nolan	
			X		Apodaca	
		Hernandez		Jamison	Stewart	

Blind Check Initiated By: Paulette Date: 5/28

Interment space for: Essie Williams ⊗

Interment Date: _____ Time: AYD

Div: 12 Sect: 1 Blk/Row: _____ Lot: 159 Gr: 8

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Nevarez Date: _____

F 18473

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Essie	Bee	Williams	05/10/1919	05/08/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway	San Diego	Ida Comerford- Public Administrator 5201 A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Poway Bernardo Mortuary 13243 Poway Road, Poway, CA 92064	FD-1195	▶	05/25/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/25/2004 E. Vigney	▶2409080

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5/28/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Southern California Crematory, 601 "D" Crane St., Lake Elsinore, CA 92530	12B. DATE CREMATED 05/25/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
05-17-04P989 4-ARNV
Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ray C. Johnson 22T94

in a [redacted] Type of Burial Container Funeral, date, time Fri 5/21 1:00

Church, Chapel, Graveside SD Memorial Mortuary. 1692 3090

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 101 Grave 3

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
[redacted]	275 —
[redacted]	204 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
[redacted]	21.31
[redacted]	1948.31
Paid receipt number R57557	1948.31
Balance due	0

PAID
MAY 17 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary to pay.

I hereby authorize the interment in lot I hold under deed.

X
Print Name
X See attached
Address
X
City Zip Code
X
Telephone

Signature

Pam

Invoice # _____

Work Order # E 18474

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

E18474

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
05-17-04P989 4-ARNV
Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ray C. Johnson in a _____ (Type of Burial Container) Funeral, date, time Fri 5/21 1:00

Church, Chapel, Graveside _____ SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 101 Grave 3

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	207 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R57557	1948.31
Balance due	— 0 —

PAID
MAY 17 2004
MOUNT HOPE CEMETERY

I hereby certify I am the x Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary to pay

I hereby authorize the interment in lot I hold under deed.

Signature

x Jennifer Sudberth
Print Name
x 928 Britain St.
Address
x San Diego 92114
City Zip Code
x 619 698-3312
Telephone

Invoice # _____

Work Order # E 18474

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18474

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.

		Rosenberg	Johnson			
		Rosenberg	x	tree		
		Wilder	Lindsey			

Blind Check Initiated By: Pam Date: 5/17

Interment space for: Ray Johnson

Interment Date: Fri 5/21 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 101 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: ____

play on grave

E18474

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RAY	C.	JOHNSON	10/10/1917	05/15/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JENNIFER SUDDERTH-DAUGHTER 928 BRITAIN ST. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	05/18/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/19/2004 J. LEMON JR.	▶ 2409250

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-21-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
ON THE GRAVE OF
HENRY SHAUBUT

05-17-04A11:27 PAID

Date 05-17-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MURRAY HOLLOWAY ☒ 277787

in a ASH VAULT (Type of Burial Container) Funeral, date, time WED'S MAY 19th 11:30

Church, Chapel, Graveside : HUMPHREY'S Mortuary. JOY

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 2 Section 5 Blk/Row _____ Lot 14 Grave 5

Grave space & Care Fund # 9838	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container 6x6x6	61.00
Handling Fees	66.00
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number Mastercard	297.73
Balance due	Ø

PAID
MAY 17 2004
MOUNT HOPE CEMETERY

Stave for 760-747-3723
305 899-3904
305 897 3903

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Paulette

Invoice # _____

Work Order # E 18475

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED ON THE GRAVE OF HENRY SHAUBUT

05-17-04A11:27 PAID Date 05-17-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MURRAY HOLLOWAY

in a ASH VAULT (Type of Burial Container) Funeral, date, time WED'S MAY 19th

Church, Chapel, Graveside ; HUMPHREY S Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 2 Section 5 Blk/Row _____ Lot 14 Grave 5

Grave space & Care Fund # 9838	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number Mastercard	297.73
Balance due	Ø

PAID MAY 17 2004 MOUNT HOPE CEMETERY

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Betty Holloway
Signature

Betty Holloway
Print name
1255 No Broadway #114
Address
Escondido, CA 92026
City Zip Code
(760) 741-8640
Telephone

Paulette

Work Order # E 18475

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18475

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.

			in grave of * henry shaubut			
				Lindquist		

Blind Check Initiated By: Paulette C. Date: 5/17/04

Interment space for: Murray Holloway ~~&~~ 6"x6"x6"

Interment Date: 5/19/04 Time: 11.30

Div: 2 Sect: 5 Blk/Row: ____ Lot: 14 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flat

Blind Check & Verified By: [illegible] Date: 5-17-04

E18475 94 307744 17061

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MURRAY	SAMUEL	HOLLOWAY	12/20/1909	05/05/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	BETTY HOLLOWAY (SPOUSE) 1255 N. BROADWAY #114 ESCONDIDO, CA 92026

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶	05/07/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/07/2004 SANDRA PENA	2408576 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO: P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 5-19-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE, COSTA MESA, CA 92626	12B. DATE CREMATED MAY 1 2 2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INGRAVE OF ADA GERVAIS
AT NEED
NO CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/17/04
208096

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BENOIT LOGERVAIS

in a ASH VAULT (Type of Burial Container) Funeral, date, time THURS. MAY ~~19th~~ 20th 9:45

Church, Chapel, Graveside WITNESS ONLY; FAMILY Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 3764 Grave 1

Grave space & Care Fund D-9109	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup "	—
Burial Container "	—
Handling Fees "	—
Flower vases - Marker setting fee serv. by MC	—
Recording/Filing/Transfer Fees "	—
Sales taxes "	—
Total Due	—
Paid receipt number	—
Balance due	—

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Christine A. Oakes
Print Name
208 BENFIELD Road
Address
SEVERNA PARK, MD 21146
City Zip Code
410-647-3358
Telephone

Paulette

Invoice # _____

Work Order # E 18476

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

F 18476

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. In grave of Ada Gervais

			Gotham	Taylor		
	Davis	Flores	X	Flores		
			Harris			

Blind Check Initiated By: Paulette Date: 5/18

Interment space for: Benoit Gervais

Interment Date: 5/20/04 Time: 9:45 Am

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3764 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: M. [illegible] Date: 5/19/04

F18476

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Benoit	Willie	Gervais	05/30/1925	05/13/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Christine Oakes - Daughter 208 Benfield Road Severna Park, MD 21146

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Community Mortuary 855 Broadway Chula Vista, CA 91911	FD1682	▶ Dolores Humphrey	05/17/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1005.55 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	$13.00	05/17/2004 D. Humphrey	2409064 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	San Diego County Dept. of Vital Records P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 5-20-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services, Inc. 2570 Fortune Way Vista, CA 92083	12B. DATE CREMATED 5/18/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ S. Schock	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Rad

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 05-18-04P01:31 RCVD

Date _____

227799

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Loys Den Nelson

in a DD 1st Funeral, date, time Sat. 5/22 12:00

Type of Burial Container

Church, Chapel, Graveside _____ CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 4 Blk/Row _____ Lot 48 Grave 1

Grave space & Care Fund	1535 —
Overtime/Late Arrival Fees	600 —
Opening/Closing & Setup	413 —
Burial Container	48 —
Handling Fees	352 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	32.40
Total Due	3460.40
Paid receipt number RS7359	3460.40
Balance due	— 0 —

PAID

MAY 18 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Gylgs Nelson

I hereby authorize the interment in lot I hold under deed.

Signature

Laird

X Nelson

Print Name

X 852 Avenida Ricardo

Address

X San Marcos 92069 #206

City Zip Code

X

Telephone (619) 726 3740

Invoice # _____

Work Order # E 18477

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18478

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.

		Philp	Hughes			
	Quell		X	Smith		
			Castellan	Stanley		

Blind Check Initiated By: Pam Date: 5/18

Interment space for: Loysden Nelson

Interment Date: Sat 5/22 Time: 12:00

Div: 7 Sect: 4 Blk/Row: ____ Lot: 48 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

plug on grave

Blind Check & Verified By: [signature] Date: 5/19/04

E 18478

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOYSDEN	-	NELSON	04/02/1964	05/16/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	GLYSIS NELSON-MOTHER 852 AVENIDA RICARDO SAN MARCOS, CA 92069

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ Victoria Mitchell	05/20/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/21/2004 V MITCHELL	2409408 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3761 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 5-22-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AP
Rcvd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
05-19-04P12:51 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Evans 227790

in a liner (Type of Burial Container) Funeral, date, time Thurs 5/20 12:30

Church, Chapel, Graveside _____ ; CA Burial 229 2747 Mortuary NC

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 118 Grave 2

Grave space & Care Fund ..... $185 left to 2080	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 –
Burial Container	209 –
Handling Fees	160 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 –
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57561	900.00
Balance due	933.20
M/C	933.20

PAID
MAY 19 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paul

X David E Bell
Print Name

X David E Bell
Address

X 311 Kay Mar Dr. 92114
City Zip Code

SD X 619-262-1249
Telephone

Work Order # E 18478

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18478

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.

		Sullivan				
		Bakes	X			
		Bryant				

Family

Blind Check Initiated By: Pam Date: 5/18

Interment space for: Mary Evans

Interment Date: Thurs. 5/18 Time: 12:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 118 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: _____ Date: _____

E 18478

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARY	LOUISE	EVANS	07/15/1937	05/12/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DAVID E. BELL-SON 4465 ROSEBUD LANE #2 LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	FD-1357	▶ Martin Mitchell	05/18/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/19/2004 M. MITCHELL	2409224 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 5/20/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Tenstermacher	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

LORNE NELSON
Cell: (619) 851-2401

E 18477

US MERCHANT MARINE

Real Estate Investor
Jr. Engineer
Refrigeration Engineer

- Electrician
- Pumpman
- Oiler

EPA-HVAC Certified

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At NEED

Date 5/19/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lateania Easley 227792

in a Liner (Type of Burial Container) Funeral, date, time Thurs. May 20, 11:00

Church, Chapel, Graveside CHRIST TEMPLE ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 100 Grave 11

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57565	1833.20
Balance due	Ø

PAID

MAY 19 2004

MOUNT HOPE CEMETERY

MORT. TO PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Work Order # E 18479

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18479

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.

	Caldwell		Feddock	Jenkins		
		Graham	X		Mendoza	
		Thornton				

Blind Check Initiated By: [illegible] Date: 5/19

Interment space for: Lateeria Easley

Interment Date: 5/20/04 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 100 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flat

Blind Check & Verified By: _____ Date: _____

E18479

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LATEARIA	R.	EASLEY	05/06/1967	05/14/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	MILDRED RATCHFORD-MOTHER 4219 ILLINOIS ST. #5 SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ [signature]	05/18/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/19/2004 M. MITCHELL	▶ 2409223

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCAT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/17/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Renfro ⊗ 216309

in a _____ Type of Burial Container Funeral, date, time 5/17

Church, Chapel, Graveside del ; Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 4 Blk/Row _____ Lot 98 Grave 68

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

in casket w/ Louise Renfro

Total Due ..... ⊘

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____ Signature

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

see E18466

Invoice # _____

Work Order # E 18480

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18480

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	WILLIAM	RENFRO	07/02/1915	07/03/1998	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEBANON	OR	WALTER RENFRO-SON 5975 MAIN ST. SPRINGFIELD, OR. 97478

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843	▶ (C K	05/14/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/17/2004 K JONES	2409028 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 5-17-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED 12 CHAIRS

Date 5/19/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reginald D. Grant 227811

in a Liner (Type of Burial Container) Funeral, date, time Weds. May 26 1:30

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 48 Grave 1

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number m/c	1833.20
Balance due	Ø

PAID

MAY 19 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Charlotta Grant
Signature

Charlotta Grant
Print Name

3152 Massachusetts #2
Address

Lemon Grove 91945
City Zip Code

(619) 697-0739
Telephone

Paulette CDL N527707 2-4-09

Invoice # _____

Work Order # E 18481

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18481

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.

		Rice				
Roberts		Starkes	Pouce			
Gordon	Price		X			

Blind Check Initiated By: _____ Date: _____

Interment space for: Reginald D. Grant

Interment Date: 5-26-04 Time: 1:30 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 48 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-24-04

E18481

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Reginald	Dean	Grant	04/30/1961	05/19/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Angela Grant, Wife 6373 Twila Lane San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [signature]	05/19/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	05/20/2004 B. Campbell	2409346 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 5-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-20-04A09:56 Date RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jern Swan X 227809 25th

in a N/A Type of Burial Container Funeral, date, time Tues. May 25th 2:15

~~Church, Chapel, Graveside~~ del Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot ~~184~~ 213 Rd Grave 1

Grave space & Care Fund	380.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	138.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	
Total Due	634.00
Paid receipt number R 57587	634.00
Balance due	0

PAID

MAY 25 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot _____ hold under deed.

X _____ Print Name

X See attached Address

X _____ City Zip Code

X _____ Telephone

Signature

Kim

Invoice # _____

Work Order # E 18482

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18482

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-20-04A09:56 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fern Swan ⊗

in a N/A (Type of Burial Container) Funeral, date, time

~~Church, Chapel, Graveside~~ del Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

Division 8 Section 4 Blk/Row _____ Lot ~~784~~ 213 Grave 1

Grave space & Care Fund	320.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116.00
Burial Container	
Handling Fees	
Flower vases — Marker setting fee	138.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	
Total Due	634.00

Paid receipt number _____

Balance due _____

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pag

I hereby authorize the interment in lot I hold under deed.

X James Fetsch PA
Print name

X
Address

X
City

X 858) 444 3522 Zip Code
Telephone

Signature

Pam

Invoice # _____

Work Order # E 18482

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18482

0971

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION, CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. Oceanside Cemetery 190 Carmichael Dr. Paris, CA 92277

I/We, the undersigned, verify, warrant and represent that I/We have the full legal right and authority to authorize cremation, processing and disposition of the remains of Erwin Sincen Address 7360 Parkway Drive S.D. CA 92142 (hereinafter referred to as the deceased)

I/We hereby request and authorize Mortuary Services 1120 Cole Avenue, San Diego, CA 92103 (hereinafter referred to as the "funeral home") to take possession of and make arrangements for cremation of the remains of the deceased at Oceanside Cemetery (hereinafter referred to as the "crematory"). I/We authorize the crematory to return the cremated remains of the deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to provide for the disposition of the cremated remains of the deceased as follows: (initial blank)

initials

Viewing Before Cremation (initial one) Yes ____ No ____ Initials ____
Viewing Date ____ Time ____ Place ____ Witnesses ____

Special handling/other (Specify) ____

Description of Urn or Container Adopted: Sheeple Bronze Cube

____ Return to the Funeral Home

____ Delivery (Name and Address of Company) ____

____ Release to Family (Designated family member name) ____

____ Scattering at sea by Funeral Home or Funeral Home agent.

____ Ship Via Registered US Mail To (Name) ____

Address ____

____ Self

____ Other authorized representative: Public Guardian (attached copy of power of attorney for Health Care or will)

____ Surviving Spouse

____ I/We replace the sole surviving adult child of the deceased

____ I/We represent a majority of the surviving adult children

____ I/We are the surviving adult children of the deceased and have used reasonable effort to notify all other surviving adult children and I/We have not aware of any opposition to the cremation of the deceased on the part of any/all of other surviving children.

____ I/We assume the responsibility in the sole capacity of Friend, and accept all responsibility for the cremation & disposition of the deceased.

(THIS SECTION FOR OFFICE USE ONLY)
I the undersigned hereby acknowledge the receipt of the cremated remains of the Deceased named above, and have full legal right, Authority to take possession of above named cremated remains

Printed Name ____ Signature ____ Relationship ____
Date ____ Time ____ Place ____ License # ____

The cremation, processing and disposition of the remains of the deceased authorized herein shall be performed in accordance with all prevailing laws, rules, and regulations and policies of the crematory and funeral home, and the following terms and conditions:

The remains of the deceased will not be released for cremation until written authorization by the crematory is a reasonable, lawful, right determination or cremation, crematory and shall be labeled with the name of Funeral Home and the name of the deceased. The Company is authorized to remove and dispose of implants, pacemakers and any other unacceptable items detected prior cremation, medical or radioactive devices implanted in the remains of the deceased (such as pacemakers, may cause a hazard when placed in the cremation chamber). In the event the remains of the deceased contain such devices I/We hereby authorize the Funeral Home, its agent and employees, to remove any such mechanical devices from the remains of the deceased prior to cremation and dispose of such items at its discretion. I/We hereby certify that the remains DO ___ DO NOT ___ (INITIAL ONE) CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICES. If implanted devices are not removed the devices will be removed and disposed of at the discretion of the crematory and will be unrecoverable. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and flame. I/We authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation. Cremation items, including but limited to, body prostheses, pacemakers, implants, and other personal articles accompanying the remains of the Deceased will be destroyed during the cremation process. I/We further authorize disposing items, other than the cremated remains of the Deceased, are recovered from the cremation chamber they may be separated from the cremated remains of the Deceased and disposed of by the Crematory, and authorize the Crematory to remove and remove from the cremation chamber all unrecoverable materials, including, but not limited to, hinges, handles, and to dispose of such materials. Following cremation, the cremated remains of the Deceased, including minority of bone fragments, will be mechanically pulverized by processing to an unidentifiable consistency prior to placement in an urn or other temporary container. Unless an urn or container suitable for disposal is purchased, the crematory will place the cremated remains of the Deceased in a temporary container. In the event the urn or temporary container is insufficient to accommodate all of the remains of the Deceased, any excess cremated remains will be placed in a crematory temporary container and returned to the Funeral Home, together with the primary urn or temporary container. The human body bones, other than implants, implants or other material in the cremation chamber. Some bone fragments are not recoverable of the human remains, approximately 98 % which remain in the cremation chamber. During the cremation, the remains of the deceased may be moved to facilitate pulverization. The chamber is composed of ceramic or other material, which disintegrates during each cremation, and the product of this disintegration is commingled with the cremated remains. Nearly all of the remains of the cremation chamber, including the cremated remains, disintegrated chamber material, and small amounts of residue from previous cremations, are commingled together and crushed, pulverized, or ground to facilitate intermixture or commingling. Some residue remains in the profile and interior surface of the chamber. Periodically, the accumulation of this residue is removed and located in a different crematory property, or crushed at site. The cremation processing of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs. In the unlikely event cremated remains of Deceased remain unclaimed for a period of 30 days, the Authorizing Agent will be notified by certified mail or by other means indicated on this Authorization. In the event the requested remains of the Deceased remain unclaimed for a period of one year after the date such written notification is mailed, the crematory is authorized and direct to dispose of the unclaimed cremated remains of the deceased in any lawful manner from appropriate. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fee and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, or unclaimed bones, or failure to reasonably identify the remains of the Deceased, due to the presence of any implanted mechanical or radioactive devices. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective officers, agents or employees.

SIGNATURE OF PERSON (S) AUTHORIZING CREMATION AND DISPOSITION

sign please & have witnessed

Name Jim Fetch Signature ____ Relationship Public Guardian
Address 5201 A Ruffin Rd SD CA 92123 Phone (858) 491-8522 Date 5-17-04

Name ____ Signature ____ Relationship ____
Address ____ Phone ____ Date ____

Witness Name JAMES L. PROFFIT Signature ____ Date 5-17-04

FOR MORE INFORMATION ON FUNERAL, CEMETERY & CREMATION MATTERS CONTACT: DEPT. OF CONSUMER AFFAIRS, CEMETERY & FUNERAL BUREAU, 400 "R" ST., SUITE 3080 SACRAMENTO, CA 95814 OR CALL (800) 952-5210

BAYVIEW SERVICE GROUP, INC.

F 18482

6076

Mt. Hope Cemetery

Check Number: 6076
Check Date: May 25, 2004

Check Amount: $634.00

Item to be Paid - Description	Discount Taken	Amount Paid
FERN SWAN - GRAVE SPACE & CARE FUND		330.00
FERN SWAN - OPENING / CLOSING & SETUP		116.00
FERN SWAN - MARKER SETTING FEE		138.00
FERN SWAN - RECORDING		50.00

E 18482

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.

			Conklin			
		Carusso		Coons		
			X			
			Evans			

Blind Check Initiated By: Pam Date: 5/00

Interment space for: Fern Swan ⊗

Interment Date: 5/25 Time: 2:15 AYD

Div: 8 Sect: 4 Blk/Row: ____ Lot: ~~181~~ 213 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-25-04

E 18482
C 771

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FERN	MARCELINE	SWAN	10/07/1914	05/05/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JAMES FETSCH - PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MAYER MORTMARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116	FD-1424	▶ [illegible]	05/12/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/13/2004 R.MARTINEZ	2408855 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	----

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT.HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-25-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREM.192 COMMERCE DR., PERRIS, CA 92571	12B. DATE CREMATED 5/18/2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AA Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-20-04A10:39 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth Cotter, 027797

in a lined Funeral, date, time Fri 5/21 1:00

Type of Burial Container

Church, Chapel, Graveside _____ Prefered Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 134 Grave 12

Grave space & Care Fund	dig DIP 985
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413
Burial Container	209
Handling Fees	160
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R5569	1833.20
Balance due	0

PAID

MAY 20 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Hazel Smith
Print Name

X 4777 Ast. Apt. 5
Address

X San Diego 92102
City Zip Code

X 619-264-8488
Telephone

Invoice # _____

Work Order # E 18483

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18483

DIP

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Johnson				
Montgomery			X	Mayer		
		Smith	King	Obama		

Blind Check Initiated By: Pam Date: 5/20

Interment space for: Elizabeth Foster

Interment Date: Fri 5/29 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 134 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5.20.04

E13483

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Elizabeth	Clara	Foster	04/18/1947	05/15/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Hazel Smith - Sister 4777 A Street #5 San Diego, California 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Preferred Cremation and Burial 3094 El Cajon Boulevard Ste. A San Diego, California 92104	FD-1746	▶	

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/19/2004 Mark Jenkins	▶ 2409238

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, California 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca. 92102	11B. DATE BURIED 5/21/1	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
"EXTRA DEEP"
8 TOTAL CHAIRS

Date 05/20/04

227804

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marquette Y. Tanner 2:00

in a Liner (Type of Burial Container) Funeral, date, time Mon. May 24

Church (Chapel) Graveside ; CA Burial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row 8 Grave 7

PAID

MAY 21 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57578	1833.20
Balance due	Ø

ARRIVAL 3:42

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Walter Wilson Bailey
Signature

Walter Bailey
Print Name

6093 Severin Dr.
Address

La Mesa, Cal 91942
City Zip Code

(619) 995-5961
Telephone

Paulette

Work Order # E 18484

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18484

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.

			Battle	Landrum		
			X			Herrarte 2
			Armenta			

Blind Check Initiated By: Paulette C. Date: 5-1/20

Interment space for: Marquette Yvonne Tanner

Interment Date: May 24 Time: 2:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 68 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C Warren Date: 5-24-04

I 12484

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARQUETTE	YVONNE	TANNER	06/14/1952	FMD5/11/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TAMEKA BROWN-DAUGHTER 921 BANOCK ST. SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950	FD-1689	▶ [signature]	05/18/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/18/2004 M. MITCHELL	2409141 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 5-24-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 05-21-04A10:52 RCVD

Date _____

2278 26

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nealey L. Coleman

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs. 5/27 1:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 246 Grave 12

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	~~413 — PM~~
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	204 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	21.31
Total Due	1948.31
Paid receipt number	R57574 1948.31
Balance due	0

PAID

MAY 21 2004

MOUNT HOPE CEMETERY

Latt 3:13 Pd

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X May Katheryn Denton
Print Name

X 1152 Woodrow Ave
Address

X San Diego, CA 92114
City Zip Code

X (619) 464-3509
Telephone

18485

Work Order # E

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18485

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			
	Burks	Effee	Franco			

Blind Check Initiated By: Pam Date: 5/21

Interment space for: Nealey Coleman

Interment Date: Thurs 5/27 Time: 1:00

Div: 10 Sect: 2 Blk/Row: ____ Lot: 246 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/2/04

E18485

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 527-3400

DATE	YOUR ORDER NO.
06-01-2004	E-18485

TO:

Katherine Denton
1152 Woodrow ave.
San Diego CA 92114

DESCRIPTION OF CHARGE	AMOUNT
Late arrival fee for Nealey Coleman service on Thursday May 27th. Arrival time was 3:13	$165.00
Fee due with in 10 days of receipt.	

E 18485

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Nealy	LaVale	Coleman	07/11/1967	05/17/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Las Vegas	Nevada	Katheryn S. Denton, Mother 1152 Woodrow Avenue San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blair Campbell	05/24/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	05/24/2004 B. Campbell	2409470 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	Vital Records, P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 5-27-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud w/ wade Dip

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-24-04A10:02 RCVD
Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pauline Barber 225202

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs 5/27 10:00

Church, Chapel, Graveside Goodbody Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 3022 Grave 1

Grave space & Care Fund	C 5600	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E 9303	0
Burial Container	"	0
Handling Fees	"	0
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	"	0
Sales taxes	"	0
Total Due		0
Paid receipt number		
Balance due		0

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Pam

X Milo D Thomas
Print Name

X 2061 Thelma Dr
Address

X Winter Haven FL 33881
City, Zip Code

X 863 956-3929
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18486

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18486

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.

		Mudrich	Mudrich	Klepac		
	Lobaugh	Abbahl	X	Thomas	Grosby	
		Petersen		FOOTE		

Blind Check Initiated By: Pam Date: 5/24

Interment space for: Pauline Barber

Interment Date: Thurs 5/27 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: ~~3022~~ Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: ____

DIP 2nd flag on grave

E19486

92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PAULINE	BELL	BARBER	07/21/1911	05/18/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	MILO THOMAS-SON 2061 THELMA DR. WINTERHAVEN, FL. 33881

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY, 5027 EL CAJON BLVD. SAN DIEGO CA 92115	FD 790	▶ K R	05/24/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/25/2004 K JONES	2409505 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 5-27-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED ON GRAVE OF RUSSELL GARDNER

Date 5/24/04

05-24-04A10:38 RCVD 227806

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARY L. RUSSELL (GARDNER)

in a ASH VAULT (Type of Burial Container) Funeral, date, time TUES. MAY 25

Church, Chapel, Graveside ~~Delivery only.~~ AYD Pacific Cemetery DOUG Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 425 Grave 1

Grave space & Care Fund C-1871	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker settin	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.93
Total Due	297.73
Paid receipt number	297.73
Balance due	Ø

PAID

MAY 24 2004

MOUNT HOPE CEMETERY

858-488-6553

FAX-858 483-4465

1-210-567-3443

I hereby certify I am the Son-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated, I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X (See attached) Print Name

102 Painted Post Lane Address

San Antonia TX 78231 City Zip Code

Telephone

Paulette

Work Order # E 18487

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED ON GRAVE OF RUSSELL GARDNER

Date 5/24/04

05 24 04/10:38 RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY C. RUSSELL

in a ASH VAULT (Type of Interment Container) Funeral date time

Church Chapel Graveside Delivery only Pacific Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ DAVID will be applied and billed to undersigned

Division 8 Section 3 Blk/Row Lot 425 Grave 1

Grave space & Care Fund C-1871

Overtime/Late Arrival Fees 0

Opening/Closing & Setup —

Burial Container 116.00

Handling Fees 61.00

Flower vases – Marker setting 66.00

Recording/Filing/Transfer Fees —

Sales taxes 50.00

4.33

Total Due 297.73

Paid receipt number 297.73

Balance due 0

PAID
MAY 24 2004
MOUNT HOPE CEMETERY

858-488-6553
Fax 858 483 4465
210-567-3443

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.

X David E. Snyder
Signature

X David E. Snyder
Address 102 Painted Post Lane
City San Antonio TX 78231
Zip Code
Telephone

Paulette

Work Order # E 18487

Invoice #

Acct #

REA 104 (5-04)

This information is available in alternative formats upon request.

E18487

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. ON GRAVE OF RUSSELL GARDNER

		Robbins	Inseth	Inseth	Inseth	
		Luppes	X		Jeter	
			Krueger		Horton	

Blind Check Initiated By: Paulette C. Date: 5/24

Interment space for: MARY L. RUSSELL (GARDNER)

Interment Date: 5/25/04 Time: 2 A/D

Div: 8 Sect: 3 Blk/Row: ____ Lot: 425 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [signature] Date: 5-25-04

18487

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARY	L.	GARDNER	04/18/1904	04/21/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN ANTONIO	TEXAS	DAVID E. SNYDER, SON-IN-LAW 102 PAINTED POST LANE SAN ANTONIO, TX 78231

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ECM-PACIFIC BEACH CHAPEL 4710 CASS ST. SAN DIEGO, CA 92109	FD-815	▶ Samantha Tinsley	05/20/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/24/2004 T.TINSLEY	2409443 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-	VITAL RECORDS: P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-25-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At NEED ASHES TO BE PLACED IN GRAVE OF HAROLD MARSHMAN

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/24/04

05-24-04A10:52 RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Glenna MARSHMAN 214151

in a ASH VAULT (Type of Burial Container) Funeral, date, time Wed 6/9 10:00

~~Church, Chapel, Graveside~~ witness ; AM. CREMATION Mortuary.

(619) 283-5842 DEBRA

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 3759 Grave 1

Grave space & Care Fund	E-7293	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup		116.00
Burial Container		61.00
Handling Fees		66.00
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees		50.00
Sales taxes		4.73
Total Due		297.73
Paid receipt number	M/C	297.73
Balance due		0

PAID

MAY 25 2004

MOUNT HOPE CEMETERY

Fax 619) 283-5846

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X Howard W. Hempfling
Print Name

X Gary Melson
6460 Convoy Ct Sp 201
Address

X San Diego Ca 92117
City Zip Code

X (858) 278-9336
Telephone

Paulette

Work Order # E 18488

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18488

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. ASHES TO BE PLACED W/ HAROLD HARSHMAN IN GRAVE

			Grayson			
		Hooper	X		Heinberg	
					Dike	

Blind Check Initiated By: Paulette Date: 6/8

Interment space for: Glenna Marshman ⊗

Interment Date: 6/9 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3759 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: 6-8-021

F 18488
78
1020

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GLENNA	M.	MARSHMAN	03/25/1926	05/21/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GARY NELSON - SON 6460 CONVOY CT. #201 SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
AMERICAN CREM. SERV., 6136 MISSION GORGE RD. #210, SAN DIEGO, CA 92120	FD-1752	▶ [signature]	06/1/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/01/2004 R.MARTINEZ	2409859 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-9-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREM.192 COMMERCE DR., PERRIS,CA 92571	12B. DATE CREMATED 6-2 2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-24-04P12:03 Date RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty Fuller 227842

in a DD 1st Funeral, date, time Tues 6/1 11:00

Type of Burial Container

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 185 Grave 8

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fee	50 —
Sales taxes	32.40
Total Due	2250.40
Paid receipt number VWa	2250.40
Balance due	0

PAID

MAY 24 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X VICTOR FULLER
Print Name

X 5268 MANZANARES WAY
Address

X SAN DIEGO CA. 92114
City Zip Code

X (619) 889-4807
Telephone

Invoice # _____

Work Order # E 18489

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18489

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.

		Martinez		Davis		
			X	Tree		
			Mitchell			

Blind Check Initiated By: Pam Date: 5/04

Interment space for: Betty Fuller

Interment Date: Tues 6/1 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 185 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C Warren Date: 52604

E18489

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Betty	Jean	Fuller	05/02/1940	05/24/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	George Fuller, Husband 246 Hart Drive #1206 El Cajon, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd. San Diego, CA 92102	FD-1329	▶ [signature]	05/26/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	05/26/2004 B. Campbell	2409620 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-01-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-24-04P02:33 RCVD
Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juan Ruiz 227823

in a DD 1st (Type of Burial Container) Funeral, date, time Thurs 5/27 2:00 pm

Church, Chapel (Graveside) : Altzan Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 138 Grave 10

Grave space & Care Fund	985
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413
Burial Container	418
Handling Fees	352
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50
Sales taxes	32.40
Total Due	2250.40
Paid receipt number R57581	2250.40
Balance due	0

PAID

MAY 24 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Step Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

Work Order # E 18490

X Patricia Marure
Print Name

X2470 CST #26
Address

X San Diego Ca. 92102
City Zip Code

X(619) 239-5460
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18490

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.

		Gaubrell		Gaubrell		
Carranza			X			
			Sayles			

Blind Check Initiated By: Pam Date: 5/24

Interment space for: Juan Reing

Interment Date: Thurs 5/27 Time: 2:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 138 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C Dauer Date: 5-26-04

E 18489

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Juan	-	Ruiz	05/23/1923	05/23/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Patricia Marure-Step-Daughter 2470 C St. #26 San Diego, Ca 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	Fd-1658	▶ Leah A Mata	05/23/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	Leah A. Mata 05/25/2004 ▶	2409546

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, Ca 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, Ca 92102	11B. DATE BURIED 5-27-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Noriega	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need lot.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 05-24-04P02:33

Date 5/24/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Deanna J. King 227802

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MAS Section A Blk/Row _____ Lot 34 Grave 1

Grave space & Care Fund	1755.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	1755.00
Paid receipt number R-57580	1755.00
Balance due	Ø

PAID

MAY 24 2004

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

227802

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: DEANNA KING

Address: 3423 Carson St.

City: San Diego CA Zip Code: 92117

Telephone: 858-272-0162

Paulette

Work Order # E 18491

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot/trust

05-25-04P12:57 PAID Date 5-25-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mr Louise T Pegg 227795

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 128 Grave 9

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases - Marker setting fee	138.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1971.20
Paid receipt number R-57585	492.00
Balance due	1479.20

PAID

MAY 25 2004

MOUNT HOPE CEMETERY

R-57719 R-57720

I hereby certify I am the Power of Attorney of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Opal Blackman

206732 Print Name: OPAL BLACKMAN

Address: PO BOX 82312

City: SAN DIEGO CA 92138 Zip Code

Telephone: 619-696-6984

Pantette

Work Order # E 18492

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57644

Date: 6/10/ , 20 04

From: OPAL BLACKMAN Address: P.O. BOX 82312 S.D. CA

Sixty-two and 00 Dollars ($ 62.00)

in part Payment of Pre-need lot/trust

Div 12 Sec 2 Blk/Row Lot 128 Grave 9

Invoice No. E-18492

Acct. No.

W.O.

BALANCE DUE $1417.20

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1230

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUN 10 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

2B6732

E-18492

BLACKMAN, OPAL for Louise T. Pegg P.O. Box 82312, San Diego, CA 92138 619) 696-6984

DIVISION 12 SECTION 2 LOT 128 GRAVE 9

		DEBIT	CREDIT	BALANCE
5/25/04	Opened pre-need lot & trust account w/ marker installation. 25% down R-57585.	985.00		985.00
		-848.20		1833.20
		-138.00		1971.20
5/25/04	Down Payment		492.00	1479.20
6/10/04	R-57644 Coupon 1		62.00	1417.20
6/28/04	R-57719		1355.20	62.00
6/28/04	R-57720		62.00	0

PAID

JUN 28 2004

MOUNT HOPE CEMETERY

P. Crawford

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-25-04P01:07 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aurelia Medlard 227813

in a liner (Type of Burial Container) Funeral, date, time Thurs 5/27 10:00

(Church) Chapel, Graveside _____ : Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 73 Grave 3

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	418 —
Burial Container	204 —
Handling Fees	160 —
Flower vases – Marker setting fee	
(Recording)/Filing/Transfer Fee	50 —
Sales taxes	16 20
Total Due	1833 20
Paid receipt number R57586	1833.20
Balance due	— 0 —

PAID

MAY 25 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Print Name See attached

X Address

X City

X Zip Code

Telephone

Invoice # _____

Work Order # E 18493

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-25-04P01:07 Date RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aurelia Medrano

in a Liner (Type of Liner/Container) Funeral, date, time Thurs 5/27 10:00

Church, Chapel, Graveside _____ ; Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 73 Grave 3

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	204 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57586	1833.20
Balance due	0

PAID
MAY 25 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Leticia Medrano
Signature

Pam

X LETICIA MEDRANO
Print Name

X 5110 WIGHTMAN AVE
Address

X SAN DIEGO 92105
City Zip Code

X _____
Telephone

Work Order # E 18493

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18493

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.

				Hernandez		
	Armenta		X		Wright	
			Romo		free	

Blind Check Initiated By: Pam Date: 5/25

Interment space for: Aurelia Medrano

Interment Date: Thurs 5/27 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 73 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/25/04

E18493

18

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
AURELIA	-	MEDRANO	11/12/1925	05/23/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ESPERANZA PACHECO-DAUGHTER 4770 HOME AVE. SAN DIEGO, CA. 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	Selene Chavez	05/25/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/26/2004	SELENE CHAVEZ 2409649

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 5-27-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/26/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of L Fong 227555

in a Ash vault (Type of Burial Container) Funeral date, time Fri 5/28

Church, Chapel, Graveside _____ ; AYD Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division Chin 11 Section 2 Blk/Row _____ Lot 298 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	Move remains 116—
Burial Container	To lot 298 from 297
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	116—
Paid receipt number M/C	116—
Balance due	0

PAID
MAY 26 2004
MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name Mabel Lee

Address

City on file Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 18494

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-27-04A08:48 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Perkins 206511

in a TS Vault (Type of Burial Container) Funeral, date, time Tues 6/1 1:00

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 356 Grave 1

Grave space & Care Fund ..... A 8139 — 0

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... 463 —

Burial Container ..... supplied by Greenwood

Handling Fees ..... _____

Flower vases – Marker setting fee ..... R-57613 _____

Recording/Filing/Transfer Fees ..... 50 —

Sales taxes ..... _____

Total Due ..... 463 —

Paid receipt number R-57591 463 —

Balance due 0

PAID MAY 27 2004 MOUNT HOPE CEMETERY

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

Print Name ALICE HALSTEAD

Address 43065 Quincy ct

City Hemet CA Zip Code 92544

Telephone 909-9278131 619-2814867

Invoice # _____

Acct. # _____

Work Order # E 18495

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18475

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.

		touchstone	touchstone	touchstone		
	Hamilton	Bailey	X	Bailey	Bailey	
		Pressson	Bryant	Zindahl		

Blind Check Initiated By: Pam Date: 5/27

Interment space for: Helen Perkins

Interment Date: Jues 6/1 Time: 1:00

Div: 8 Sect: 3 Blk/Row: ____ Lot: 3560 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on Grave

Blind Check & Verified By: [illegible] Date: 5/27/04

E 18495

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HELEN	M	PERKINS	06/02/1910	05/24/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HEMET	RIVERSIDE	ALICE HALSTEAD-DAUGHTER 43065 QUINCY CT. HEMET, CA. 92544

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843	▶ Diana Lewis	05/26/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10575 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/28/2004	▶ 149426

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 7600 RIVERSIDE CA 92513	PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 6-1-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rule

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

05-27-04A09:01 RCVD

Date _____

·206511

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Helen Perkins

in a _____ Type of Burial Container Funeral, date, time 208221

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 356 Grave _____

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	275 —
Handling Fees	204 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	21.31
Total Due	500.31
Paid receipt number	
Balance due	

Bill Greenwood per Bob Boettcher

VOID See 18495

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 hold under deed.

Signature _____

Dan

X Print Name _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Invoice # _____

Work Order # E 18496

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 05-27-04A10:24 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn Pacheco 227836

in a liner Type of Burial Container Funeral, date, time Fri 5/28 11:00

Church, Chapel, Graveside Featherngill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 193 Grave 8

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number K57592	1833.20
Balance due	0

PAID

MAY 27 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Carmen I. Pacheco
Signature

Carmen I. Pacheco
Print Name

1904 Via Las Palmas #2A
Address

National City 91950
City Zip Code

(619) 434-9896
Telephone

Invoice # _____

Work Order # E 18497

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18497

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			[illegible]		PACHECO	
		LEE	X	PACHECO [illegible]	[illegible]	
			LOGAN	LOGAN		

Blind Check Initiated By: Pam Date: 5/27

Interment space for: Evelyn Pacheco

Interment Date: Fri 5/28 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 143 Gr: 8

Grave Laid out by: Norm Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: ____

E18497

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Evelyn	-	Pacheco	11/06/1967	05/25/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Carmen Pacheco (Daughter) 1901 Via Las Palmas #2A National City, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115	FD-1083	▶ M. Domingo	05/26/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	05/26/2004 M. Dominguez ▶	2409607

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5/27/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E18497

THE CITY OF SAN DIEGO

~~SUE SHACKELTON~~

Clerical Assistant II • Mt. Hope Cemetery
Real Estate Assets • (619) 527-3400

5/27/04

MEMO

Received check # 1098
in the amount of $600.00
from Benjamin F. Dellingham
Community Grants for
Evelyn Pacheco service.
Have back check # 1096 in
the amount of $600.00 for
return to Nilda Lugo.

DIVERSITY

At Need Total of 15 chains

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Angel Hidalgo 227838

in a O Liner (Type of Burial Container) Funeral, date, time Fri. May 28 2:00

Church, Chapel, Graveside ; Bayview Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 2622 Grave 1

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	138.00
Burial Container 22"L x 10½"W=O	77.00
Handling Fees	28.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	5.87
Total Due	408.87
Paid receipt number R.57593	408.87
Balance due	Ø

PAID
MAY 27 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Iliana Hornback
Signature

Iliana Hornback
Print Name

Address 520 S. Mollison Ave Apt #61
City El Cajon City Ca, Zip Code 92020
Telephone (619) 334-2391

Paulette

Work Order # E 18498

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18498

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Campbell		X			
	Lowry					

Blind Check Initiated By: Paulette Date: 5/27

Interment space for: Baby Angel Hidalgo

Interment Date: 5-28 Time: 2:00

Div: 9 Sect: 1 Blk/Row: _____ Lot: 2622 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag 5-28-09

Blind Check & Verified By: [illegible] Date: _____

E 18498

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ANGEL	ERIN	HIDALGO	05/22/2004	05/22/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ILIANA HORNBACK - MOTHER 520 S. MOLLISON AVE., APT #61 EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW MEM. FUNERAL HOME, 564 BRAODWAY, EL CAJON, CA 92021	FD-1709	▶ Thomas C. Mitchell	05/27/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	05/27/2004 TC MITCHELL	2409736 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SANDIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 5/31/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT HOPE CEMETERY

INTERMENT ORDER

05-27-04P01:27 PAID

City of San Diego

AT NEED

Date 5/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARCHIE ARMSTRONG 227840

in a Liner (Type of Burial Container) Funeral, date, time TUES. JUNE 1 10:00

Church, Chapel, Graveside _____ ; CABURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 100 Grave 4

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	25.85
Recording/Filing/Transfer	50.00
Sales taxes	16.20
Total Due	1859.05
Paid receipt number R-57594	1859.05
Balance due	Ø

PAID MAY 27 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Dee Hooker
Print Name

5513 San Onofre Terr
Address

San Diego 92114
City Zip Code

619 264 3478
Telephone

Paulette

Work Order # E 18499

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18499

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.

				Whitefield		
		Caldwell	X	Redduck	Jenkins	
			Graham			

Blind Check Initiated By: ~~5/26/04~~ Paulette Date: 5/26/04

Interment space for: Archie Armstrong

Interment Date: Tues. 6/1 Time: 12:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 100 Gr: 4

Grave Laid out by: Norm Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: Robert Brown Date: 5/28/04

E18499

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARCHIE	T	ARMSTRONG	03/14/1945	05/25/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SANDIEGO	DALE WILLIAMS-ARMSTRONG BON 144 W 13th ST. SAN BERNARDINO CA 92185

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature] 8B. DATE SIGNED: 05/26/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	05/27/2004 V MITCHELL	▶ 2409735

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 6-1-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.