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 Gheorghe 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.*

© Printed on recycled paper

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 |

PAID

FEB 09 2004

MOUNT HOPE CEMETERY

Mathway 2 pay difference

gave it

RS7207 1077.50

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 Clemmelia Walton
Signature

X 243 Dolo St.
Address

X San Diego CA 92114
City Zip Code

X (619) 263-8428
Telephone

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

_____
Signature of recorded holder of deed

Pam

Invoice # _____

Work Order # E 18301

Acct. # _____

REA-104 (7-98)

*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 | | Tarr | |
| | | | 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<br>451 RIDGEWAY CT.<br>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<br>5880 EL CAJON BLVD., SAN DIEGO, CA 92115 | FD-1357 | Jeanette Bennard | 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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-12-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>Kim F Jamison | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 | 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-57216 | 1833.20 |
| Balance due | Ø |

PAID

FEB 17 2004

MOUNT HOPE CEMETERY

2-17-04 203:10 1N

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.

Angel D. Ellison
Signature
348 Aurelle RD
Address
Strong AR 71765
City State Zip Code
870-797-2786
Telephone

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

Angel D. Ellison
Signature of recorded lot owner

Paulette

Work Order # E 18302

Invoice #

Acct. #

FSA-104 (7-99) 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 | Hopes | |
| | 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: [illegible] Date: 2/13/09

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<br>7070 MADRONE AVE.<br>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<br>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 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $13.00 | 02/13/2004 | ▶ Noreen 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<br>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<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92182-5222 | 11B. DATE BURIED<br>02/17/2004 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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 City Zip Code

X Telephone

See attached

Invoice # _____

Acct. # _____

Work Order # E 18303

REA-104 (7-96)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

At Med

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 Mayr

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 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 tax | 16.20 |
| | 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 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 registered holder of deed

Pam

x Elva Garell
Signature

x3643 4 5th
Address

Ssan Diego 92105
City State Zip Code

x619-280-5761
Telephone

Work Order # E 18303

Invoice # _____

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<br>3643 45th.ST.<br>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.<br>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<br>R.MARTINEZ | 2403093<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2/12/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 of Grave

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 02-10-0 1:46 RCVD

257492

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 ; Teal Terry Hill Mortuary. Rick

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

Lot 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 fe | | 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

X

Signature

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

Signature of recorded holder of deed

X

Address X 3649 Copley 92116

City X SD CA 92116 Zip Code

Telephone 619 516-0069

Pam

Invoice # _____

Work Order # E 18304

Acct. # _____

REA-104 (7-98)

*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: Knoll 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)<br>3511 Tomahawk Ln.<br>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.<br>San Diego, CA 92115 | FD-1083 | ▶ [signature] | 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 103065 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<br>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<br>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<br>Mt. Hope Cemetery: 3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-13-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>So. CA Crematory: 601 D Crane St.<br>Lake Elsinore, CA 92530 | 12B. DATE CREMATED<br>02/11/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 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

02-10-04P03:31 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 Liner (Type of Burial Container), Funeral, date, time Guadalupana

Church, Chapel, Graveside 33L x 14W, Mon. Feb 7 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

Get measurements

Mort. 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

Signature

X 234 27th St.

Address

X San Diego CA 92102

City Zip Code

X (619) 696-7959

Telephone

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

Signature of recorded holder of deed

Ron

Invoice # _____

Work Order # E 18305

Acct. # _____

REA-104 (7-95)

*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 | | Berkesdale | | |
| | | | | | | |
| | | | 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 | ▶ Aurora Chavez | 02/2[redacted]/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 | AURORA CHAVEZ 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 ▶ Ray Andin | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Atty 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.*

© Printed on recycled paper

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 | | | |
| | | Westbrook | X | | Jones | |
| | | Barnard | Miller | Carr | Miller | |
| | | | | | | |

Blind Check Initiated By: Ken 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: [illegible] 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 _____ (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 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 UL34 | 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.

X Rebecca R.

Signature

X REBECA HAUBER AV

Address

X SAN DIEGO CA. 92114

City Zip Code

X 262-9269

Telephone

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

_____

Signature of recorded holder of deed

Pam

Work Order # E 18253

Invoice # _____

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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<br>1804 KLAUBER AVE.<br>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.<br>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<br>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<br>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<br>MT HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-14-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>[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 Ponda 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 | 264 — |
| 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.*

© Printed on recycled paper

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: [illegible] 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<br>1415 OXFORD ST.<br>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.<br>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<br>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<br>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<br>MOUNT HOPE CEMETERY,3751 MARKET ST.<br>SAN DIEGO,CA.92102 | 11B. DATE BURIED<br>2-12-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>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

Date 02-12-04A11:25 RCVD

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

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

Church, Chapel, Residence ; 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 | 443 – |
| 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 R 57208 | 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 Maletufa

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

Signature of recorded holder of deed

X Pasa Maletufa

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.*

© Printed on recycled paper

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 | Kafer | X | Wells | Wells | |
| | | Bell | | tree | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 2/12

Interment space for: MERLE Siado'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

plug 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<br>404 47th Street #7<br>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<br>San Diego, CA 92102 | FD-1329 | ▶ Blanc Anderson | 02/18/2004 |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-20-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kevin F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 11:52 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 @ 007135

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 Croton 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Street | | | | |
| | 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: [signature] 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<br>2000 CROFTON ST. SPC 27<br>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<br>SAN DIEGO, CA 92108 | FD-1272 | ▶ | 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<br>J. FLORES | 2403058<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-18-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE<br>SAN DIEGO, CA 92113 | 12B. DATE CREMATED<br>2/13/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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 Rud

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 97.227496

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

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 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

Bill 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 Rud

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 Sr.

in a linen 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 decedent's owner of deed
Beverly Wangler

X [signature]
Signature
X 3170 B Street
Address
X San Diego CA 92102
City, State, Zip Code
X 619-236-8313
Telephone

Work Order # E 18310

Invoice # _____

Acct. # _____

REA-104 (7-98)

*This information is available in alternative formats upon request.*

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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

5(c

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF 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<br>3170 B Street<br>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.<br>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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-13-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 ~~Pkiner~~ TSV (Type of Burial Container) Funeral, date, time Fri 2/13 1:00

~~Church, Chapel, Graveside~~ del only : Reynolds 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 ..... ~~785~~

Additional spaces and care fund ..... PAID ..... _____

Opening/Closing & Setup ..... 413 –

Burial Container ..... FEB 17 2004 ..... 275 –

Handling Fees ..... 204 –

Flower vases – Marker s MOUNT HOPE CEMETERY ..... _____

Recording and filing fee ..... 50 –

Sales taxes ..... 21.31

Total Due 963.31 ~~[illegible]~~

Paid receipt number Q57213 963.31

Balance due ~~0~~

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

Signature of recorded holder of deed

Signature X Eula

Address X del attached

City X Zip Code

Telephone

Invoice # _____

Work Order # E 18311

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

Printed on recycled paper

02/12/2004 15:38 SD MT. HOPE CEMETERY → 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 Funeral, date, time Fri 2/13 1:00

Funeral Director Del Orly ; Ragsdale Mortuary.

All Funeral care must arrive before 2:00 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 | 284 – |
| Flower vases – Marker setting fee | |
| Recording and filing fee | 50 – |
| Sales taxes | 21.31 |
| Total Due | 2,028.31 ~~2,028.30~~ |
| Paid receipt number | |
| Balance due | |

Skipper to pay

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

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

X James Norwood

X 2657 Nye Street

X San Diego, CA 92111

X (858) 277-3399

Work Order # E 18311

Invoice # _____

Acct. # _____

RFA-104 (7-98)

This information is available in alternative formats upon request.

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 Ferguson

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<br>2657 Nye Street<br>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<br>San Diego, CA 92102 | FD-1329 | ▶ Blair Campbell | 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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-13-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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

Pd in full

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 ~~9:00~~ 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 R59462

PAID DEC 05 2005 MOUNT HOPE CEMETERY

PAID DEC 05 2005 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 Donna L Breed
Signature

X 4252 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 (7-95)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

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-57391 | " 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 | | 31 00 | 429 00 |
| 1-4-05 | 58380 | 11 | remaining 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. Thrower 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 01 2004

MOUNT HOPE CEMETERY

ISSUED BY

| | | |
|---|---|---|
| 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: Dorna 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 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 | 50101 | |
| | 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 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, 2004

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 1046.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

1859

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 |

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

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 OFFICE

PAID

JUN 18 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hobd

| | | |
|---|---|---|
| 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 #0337 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 03 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebd

| | | | |
|---|---|---|---|
| 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 Held

| | | | |
|---|---|---|---|
| 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

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 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 |

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58291

Date: December 6, 20 04

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

AC-212 (Rev. 4-04)

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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 |

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

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 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 |

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 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.*

2212

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 | |
| 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 | |
| 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

59262

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

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~~ JS Vault 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 R57212 | 148.00 |
| Balance due R-57221 | 1800.00 |
| | 1800.00 |

PAID

FEB 18 2004

MOUNT HOPE CEMETERY

Unatuary 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

Pam

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 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

Dan

X Raymond Sweet
Signature
X 4384 W. Point Loma Blvd
Address
X San Diego CA 92107
City Zip Code
X (619) 225-0863
Telephone

Invoice # _____

Work Order # E 18313

Acct. # _____

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

Family to pay Mt. Hope
$ 148.00
Mod. 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | free | | X | Robert Francesco | | |
| | | Anderson | Anderson | | 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: DARLEY 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<br>4384 W. PT. LOMA BLVD. #F<br>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<br>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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-18-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>Howard L. Fambro | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 10:07 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 — |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 413 — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | |
| Recording and filing fee | 50 — |
| Sales taxes | — |
| Total Due | 463.— |
| Paid receipt number R-57222 | 463.00 |
| Balance due | — |

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

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. # _____

MA-104 (7-89)

This information is available in alternative formats upon request.

W/ Fam

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 | | |
| | | PP21 | 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 in grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: R G Brown Date: 2/17/04

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 | 07/18/1925 | 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<br>6393 Kimmy Court<br>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, 6050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ Blair Campbell | 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 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 | 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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-17-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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

Ht
Lud

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

02-13-04 P12:05 IN
Date

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 (Type of Burial Container) Funeral, date, time Thurs 2/19 11:00

Church, Chapel, Graveside Friendly church ; Oceanside 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 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 | 194831 |
| 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.

Jeannette G. McDonald
Signature
1126 23rd St. Apt. Une
Address
Cleveland, Ohio 44111
City Zip Code
(216) 251-2875
Telephone

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

_____
Signature of recorded holder of deed

Pam

(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 | | | Levington | | |
| | | 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<br>12623 St. John Ave<br>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 MAKING PERMIT | 8B. DATE SIGNED |
|---|---|---|---|
| Oceanside Mortuary<br>602 S. Coast Hwy., Oceanside, CA 92054 | FD-253 | ▶ [illegible] | 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<br>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<br>Mt. Hope Cemetery, 3751 Market St<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-1904 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ |

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

COPY 2 IS RETAINED BY 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.

Harva 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 4644 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 | |
| | | Ogilvie | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 2/19

Interment space for: Eric Cannon

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

Div: 12 Sect: 9 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<br>444 EAST 130TH ST.<br>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<br>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 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 | 02/19/2004<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-20-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>[signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 _____

705194

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

x [signature]
Signature

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

x 10530 Alfred ct
Address

x
City Zip Code

x
Telephone

_____
Signature of recorded holder of deed

Pam

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 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.

Antoinette Diaz

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

Signature of accepted holder of deed

x Antoinette Diaz
Signature

x 4679 Hawley Blvd.
Address

x San Diego 92116
City Zip Code

x 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 | LEGHORN 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<br>JUN 47 | DEC 44<br>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 | ETO | 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 ISSUED
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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | Kilkpatrick | | |
| | 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<br>282 47th Street #B<br>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<br>San Diego, CA 92102 | FD-1329 | ▶ Blair Campbell | 02/17/2004 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 13.00 | 02/17/2004<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-18-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Karen F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 | |
| Total Due | 985 00 |
| Paid receipt number Paid by Fua | 246.00 |
| Balance due | 739.00 |

PAID FEB 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.

Janet SKARUPINSKI

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

Signature of recorded holder of deed

Signature: Janet Skarupinski

Address: 8301 Azure Shores Ct.

City: LAS VEGAS Zip Code: NV 89117

Telephone

Paulette

Work Order # E 18319

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-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 #~~267~~ 7 (Type of Burial Container) Funeral, date, time Mon. Feb. 23 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 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 L84½ W33½ | 242.00 |
| Handling Fees R. O 23 | 160.00 |
| Flower vases – Marker setting fee | |
| Recording and filing fee | 50.00 |
| Sales taxes | 18.76 |
| Total Due | 1868.76 |
| Paid receipt number (Visa Card) R-57227, R-57228, R-57229 | 1868.76 |
| Balance due | Ø |

PAID FEB 19 2004 MOUNT HOPE CEMETERY

NAVY COVS uniformed SDHS A4 INV 1

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

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

Signature of recorded holder of deed

Signature: Kelly Hall Grant

Address: 1934 E. Hardwick St.

City: Long Beach Zip Code: 90807

Telephone: (619) 577-1172

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 | Ars | 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: DARREA Date: 2-19-04

# Mount Hope Cemetery

E-18320

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

**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 |

$165.00 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<br>7257 Jamacha Road<br>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, 5050 Federal Blvd<br>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 |
|---|---|---|---|
| | | ▶ Blair Campbell | 02/23/2004 |

| PERMIT<br>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.<br>NOTE: THIS PERMIT GIVES NO 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<br>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<br>SSanDiego, CA 92106-5222 | - |

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

COPY 2 IS RETAINED BY THE 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 2/20/04

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) Funeral, date, time ~~Tues 3/30~~ 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 & Care Fund | — |
| Opening/Closing & Setup | 439.00 |
| Burial Container | 128.00 |
| Handling Fees | — |
| Flat Marker – 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

Courtesy Refund 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 ME# 02-0165

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: Racsdale (619) 263-1507

Date: 2/24/03 Signature: Robert Sutton

Title: Autopsy Rom. Supervisor.

Public Administrator Use Only in this block

Public Administrator Case Number: 2003 1116 Date: 2/~~25~~/~~03~~ 2004

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<br>5050 Federal Blvd<br>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<br>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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4/6/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ M. Gentemorches | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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

Paulette

X _____
Signature

X _____
Address

X See attached
City Zip Code

X _____
Telephone

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 1:02 Date 2/20/04

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

in a T.S. VAULT 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 space 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

Fax 440-0176

Paid receipt number —

Balance due 0

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

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

Signature of Owner of Lot

x Nelle Mulkey

Signature

x 3689 Montana Dr.

Address

x Napa CA 94558

City State 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

Flag on stone

Blind Check & Verified By: R G Date: 2/23/04

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<br>3689 Montana Dr.<br>Napa, CA 94558 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Richard Pierce Funeral Service<br>1660 Silverado Trail, Napa, CA 94559 | FD-0364 | ▶ Carl Moir | 02/20/2004 |

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 | CSM 02/20/2004 | ▶ 878 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>2261 Elm Street, Napa, CA 94559 | P.O. Box 85222<br>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<br>Mount Hope Cemetery<br>San Diego, CA | 11B. DATE BURIED<br>2-24-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 |
| | PC. 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

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<br>5134 67TH STREET<br>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<br>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,<br>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<br>MOUNT HOPE CEMETERY, 3751 MARKET ST.,<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-24-03 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ David Morrison | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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-57239 | 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.

Andrie B. Goodwin

Signature ANDRE GOODWIN

Address 416 SOUTH RADIO DR

City SAN DIEGO Zip Code 92114

Telephone (619) 264-8428

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 SQUIRE | 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<br>623 Porter Street<br>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, 5050 Federal Blvd<br>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 10876 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 | 02/26/2004 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO 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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-28-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kay Schneider |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ |

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

COPY 2 IS RETAINED BY THE 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)<br>3806 FAIRMOUNT AVENUE #236<br>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<br>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<br>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<br>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<br>MOUNT HOPE CEMETERY<br>3751 MARKET ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-26-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIA<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 12 PS 985.00

| | |
|---|---|
| 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 ~~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.

Visa Card

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

_____
Signature of recorded holder of deed

Signature: George Jackson uncle

Address: 5666 Naples st Apt 118

City: Chula Vista, CA 91911 Zip Code

Telephone: (619) 427-6144

Paulette

Work Order # E 18327

Invoice # _____

Acct. # _____

REA-104 (7-95)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

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. Autenmacher 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<br>2428 MONROE STREET<br>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<br>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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST,<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>2-25-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Rec

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 →

I hereby authorize the interment in lot ____ Customer → Kevin R Miles (Signature)

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

Invoice # ____

Work Order # E 18328

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

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 : Rogsdale Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 165 Rem

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 ATM | 110.00 ~~1943.20~~ RS |
| Balance due | ~~0~~ 1833.20 RS |

Rogsdale 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.

Mortuary → Customer → Kevin R Miles (Signature)

4901 Reynolds St. (Address)

San Diego, CA 92113 (City, Zip Code)

(619) 264-2550 (Telephone)

Kevin R. Miles (Signature of recorded holder of deed)

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 Rogsdale

Rogsdale

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<br>4951 Reynolds Street<br>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<br>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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-26-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE | |

COPY 2 IS RETAINED BY 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

X (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 — a. SOURCE OF ENTRY | b. TERM OF SERVICE (Years) | c. DATE OF ENTRY | | |
|---|---|---|---|---|---|---|---|
| DAY | MONTH | YEAR | [ ] 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 [signature]
Signature

X 6772 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 | | | |
| | | Corell | 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: [signature] Date: 2/25/04

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<br>672 WEST 3600 STREET<br>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<br>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<br>MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-27-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kay Snider | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | 12B. DATE CREMATED<br>2-5-04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ DX Evans | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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 1095 CAMINATA DOURO

Address

X S D CA 92129

City State Zip Code

X (858) 672-1900

Telephone

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

COPY 2 IS RETAINED BY 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

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 | 0 |

PAID

MAR 0 1 2004

MOUNT HOPE CEMETERY

~~Mail To~~ Pay

02-27-04 A09:34 CFHD

Mail To Brian Check

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

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

_____
Signature of recorded holder of deed

Signature: Cynthia Sims for Willie Cain

Address: 24407 Calle Santa Monica

City: Murrieta, Ca Zip Code: 92562

Telephone: 909-600-0392

Paulette

Work Order # E 18332

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

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. 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.

Willie Cain Sr
Signature of owner(s) heir or deed

Willie Cain Sr
Signature
24407 Calle Santa Monica
Address
Murrieta, CA 92562
City Zip Code
909-600-0392
Telephone

Pacelotte

Invoice # _____

Work Order # E 18332

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 | DAVID WORGSL | WILL HOLLAND | |
| | JAMES MC CALLEY | | CLAYTON BOOK | CHARLES COLE | | |
| | | | | | | |

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

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: M. Anderson 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 | WILKIE CAIN, SR.-HUSBAND<br>24407 CALLE SANTA MONICA<br>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 & BURIAL CHAPEL<br>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<br>J. [illegible] | ▶ Nancy L Bowen MD pro |

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<br>COUNTY CIRCLE #109 RIVERSIDE, CA 92503 | VITAL RECORDS-P.O. BOX 85222<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-2-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>— | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>— | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>— | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>— | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 ~~8:30~~ 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

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

Signature of recorded holder of deed

Pam

x Ora L. Hutsona
Signature

x 7461 Daytona St #1
Address

Lemon Grove 91945
City Zip Code

x 619 741-8999
Telephone

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 | JOHN RILEY | | | FLOIN HOLLIN |
| | BILL TREKAS | | X | | | |
| | | CHRISTINE BUCKLES | WILL HAWKINS | | | |
| | | | | | | |

Blind Check Initiated By: Pam/RAY Date: 2/20

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

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<br>7461 DAYTONA ST. #2<br>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<br>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.

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 | J. BENYARD | ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>3-1-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>Kevin F. Kemp | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 4

| | |
|---|---|
| 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 | ~~740.00~~ |
| Sales taxes | 16.20 |
| Total Due | 2493.20 |
| Payment Received MOUNT HOPE CEMETERY 57252 | 2493.20 |
| Balance due | 0 |

PAID

FEB 26 2004

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<br>7621 Saranac Ave.<br>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.<br>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<br>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<br>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<br>Mt. Hope Cemetery 3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-28-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Johnson

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 ..... 208407

Recording and filing fee .....

Sales taxes .....

Total Due ..... -0-

Paid receipt number _____

Balance due -0-

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 _____

Pam

Invoice # _____

Work Order # E 18335

Acct. # _____

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

Atned

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 ; Rogdale Mortuary.

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

will be applied and billed to undersigned.

Lot 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 | 66.20 |
| 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

Signature: x Marlene Evans

Address: x 1041 Marjorie Drive

City: x San Diego, Ca. Zip Code: 92114

Telephone: x

Work Order # E 18336

Invoice #

Acct. #

REA-104 (7-96)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

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 SERVICE: 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): MOURSTE, LOUISIANA
10. DATE OF BIRTH: 17 OCT 35

**SELECTIVE SERVICE DATA**

11. SELECTIVE SERVICE NUMBER: 16 39 35 269
12. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE: #39, NEW ORLEANS, ORLEANS, LOUISIANA
13. DATE INDUCTED: NOT APPLICABLE

**TRANSFER OR DISCHARGE DATA**

14. TYPE OF TRANSFER OR DISCHARGE: DISCHARGED
15. STATION OR INSTALLATION AT WHICH EFFECTED: VFP-63, at NAS MIRAMAR, CALIFORNIA
16. REASON AND AUTHORITY: BUPERSMAN 1610300 -206- EXPIRATION OF TERM OF ENLISTMENT
17. EFFECTIVE DATE: 10 DEC 70
18. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: VFP-63
19. CHARACTER OF SERVICE: HONORABLE
20. TYPE OF CERTIFICATE ISSUED: LO 256N
21. DISTRICT AREA COMMAND OR COAST TO WHICH RESERVIST TRANSFERRED: NOT APPLICABLE
22. RESERVE TRANSFER CODE: RE-1

**SERVICE DATA**

23. TERMINAL DATE OF RESERVE OBLIGATION: NOT APPLICABLE
24. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION: SOURCE OF ENTRY [ ] ENLISTED (Prior Enlistment) [ ] ENLISTED (Prior Service) [X] REENLISTED [ ] OTHER
25. TERM OF SERVICE (Years): 6
26. DATE OF ENTRY: 14 OCT 64
27. BASIC MILITARY TRAINING: TWO (02)
28. DATES HELD OR RANK LEVEL OF FORCE INTO CURRENT ACTIVE SERVICE: AE3
29. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): SAN DIEGO, CALIFORNIA
30. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code): NEW ORLEANS, ORLEANS, LOUISIANA
31. SPECIALTY NUMBER & TITLE: AE - 0000
32. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: 825 - Electricians

| 33. STATEMENT OF SERVICE | YEARS | MONTHS | DAYS |
|---|---|---|---|
| a. NET ACTIVE THIS PERIOD | 06 | 01 | 27 |
| b. PRIOR SERVICE | 08 | 11 | 14 |
| c. TOTAL (Lines a and b) | 15 | 01 | 11 |
| d. TOTAL ACTIVE SERVICE | 15 | 01 | 11 |
| e. FOREIGN AND/OR SEA SERVICE | 06 | 06 | 00 |

34. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

35. EDUCATION AND TRAINING COMPLETED

NTC FOR NRPO 1AC
X
X
X
X

**MILITARY SERVICE DATA**

36. NON-PAY PERIODS TIME LOST (Preceding Two Years)
LT - NONE
EILV - NONE

37. DATE ACCRUED LEAVE PAID: 28, 29
38. INSURANCE IN FORCE (Write in Ink): [ ] YES [X] NO
39. AMOUNT OF ALLOTMENT: NA
40. MONTH ALLOTMENT DISCONTINUED: NA
41. VA CLAIM NUMBER: NONE
42. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [X] $15,000 [ ] NONE

**REMARKS**

43. REMARKS
COLLEGE -1-
X
X
X
X X

**AUTHENTICATION**

44. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code): NEW ORLEANS, ORLEANS, LOUISIANA
45. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Raymond Willie Robb
46. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: K. I. WEAL, LT, USN, ASS'T PERS. OFF.
47. SIGNATURE OF OFFICER AUTHORIZING TO SIGN: Keith I. Weal

DD FORM 1 JUN 64 214N PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. U/M-DIGITAL-DMV 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 | | |
| | Kelly | 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<br>847 Lafayette Avenue<br>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<br>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 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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-2-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 207550

in a T. A. Vault #7 (Type of Burial Container) Funeral, date, time Wed Mar 3 11:00

Church, Chapel, Graveside _____ ; Rogdale Mortuary.

All Funeral cars 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 R-57276 | 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 Mills
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.*

© Printed on recycled paper

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 | | | |
| | | Brooks | | Gordian | | |
| | | | | | | |

Blind Check Initiated By: Pauline 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 Flag

Blind Check & Verified By: R. C. Burns 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)<br>5940 La Jolla Blvd.<br>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.<br>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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-3-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | *13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS*<br>- | *13B. DATE RECEIVED* | *13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY*<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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. _____

Lot ~~2083~~ 2283 P.C. Grave 1 Row _____ Section _____ Division/Block 10

| | |
|---|---|
| Grave space & Care Fund E-3434 | 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 Check Card | 848.20 |
| Balance due | 0 |

PAID
MAR 01 2004
MOUNT HOPE CEMETERY

~~858 488-8553~~
858 483-4465

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

Signature

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

_____
Signature of recorded holder of deed

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 (7-98)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E-18338

| | | | | | |
|---|---|---|---|---|---|
| Intelligence School | 3 mos - 1954 | AdvTechnician | PAID $100.00 MOP CODE "Z" 4/30/56 | | |
| Division AFI School | 2 mos - 1954 | Basic AFI | | | |

DISBURSING OFFICER
HEADQUARTERS BATTALION
MARINE CORPS BASE
CAMP PENDLETON, CALIFORNIA

G. R. SCHMIDT 053350

| | | |
|---|---|---|
| Indemnity | | August 1956 |
| $1,7.6 | $122.66 | G. R. SCHMIDT 053350 |

Transferred from USMC to MCR with obligated service until 30 April 1961 under USMCR Act, as amended. Recommended for reenlistment.

A. B. Humphrey

A. B. HUMPHREY, CWO, USMC
Battalion Adjutant

| | | |
|---|---|---|
| Nov52 | Apr53 | Tool Grinder |

8 North Elm Street, Colfax, Jasper, Iowa

DD 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

# 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<br>2013 S. TREMONT ST. #1<br>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.<br>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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-9-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Funeral, date, time Tues 3/9 1:00

Type of Burial Container

Chapel, Graveside _____ : Ragsdale Mortuary.

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

Lot 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 1488 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.*

© Printed on recycled paper

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 flag 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 | San Diego | Lela A. McBean, Wife<br>4479 Altadena Street #1<br>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<br>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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-9-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kevin F. Kennedy | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 PM12:38 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 _____ : Rosedale 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 80 |
| | 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.

_____
Signature of Recorded holder of deed

Signature: X Esau

Address: X 1961 Rosenelle Cir

City: X San Jose CA Zip Code: 95148

Telephone: X (408) 929-3728

Invoice # _____

Work Order # E 18340

Acct. # _____

REA-104 (7-98)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Ferrell | Spinner | | | | |
| | Sullivan | | x | | | |
| | | | | Brambila | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 3/2

Interment space for: Epau Fetuli

Interment Date: Fri 3/5 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 171 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. Rendenmacher 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<br>195 65th Street<br>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<br>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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-5-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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<br>2671 HARCOURT DR.<br>SAN DIEGO, CA 92103 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| ECH-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE<br>SAN DIEGO, CA 92113 | FD-670 |

| 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 03/03/2004 |
|---|---|---|---|

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID<br>$13.00 | 9B. DATE PERMIT ISSUED<br>03/04/2004<br>J. FLORES | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT<br>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<br>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<br>MT HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-15-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE<br>SAN DIEGO, CA 92113 | 12B. DATE CREMATED<br>3/6/04 | 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.

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 ~~0:00~~ 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 I

Grave space & Care Fund ..... —

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... 1160

Burial Container ..... 60

Handling Fees ..... 100

Flower vases – Marker setting fee ..... —

Recording and filing ..... 30

Sales taxes ..... 7.73

Total Due ..... 297.73

Paid receipt number K57270 297.73

Balance due —

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.

X Terry Fenwick
Signature

X 2816 Columbia St
Address

X San Diego Ca 92103
City Zip Code

X 619 295 4732
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 18342

Acct. # _____

REA-104 (7-86)

*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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Wood25 | | | | |
| | | The Box | | | Milligan | |
| | | Willmore | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 3/2

Interment space for: Ethel Fenwick

Interment Date: Tues 3/9 Time: 2:00

Div: 100F Sect: ____ ~~Block~~ S 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: PARKEY1 Date: 3-8-04

040157

E 18342

30355

93 16044

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF 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)<br>2234 BANCROFT STREET<br>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<br>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<br>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<br>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<br>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-9-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>OCEANVIEW CREMATORY<br>1625 GISLER AVE., COSTA MESA, CA 92626 | 12B. DATE CREMATED<br>FEB 2 5 2004 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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.

Pd Lud 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 R57277 | 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 Due attached City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 18343

Acct. # _____

REA-104 (7-98)

*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**

Pl Deed 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 | 443 — |
| Burial Container | 209 — |
| Handling Fees | 160 — |
| Flower vase – 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 at the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of Interested Holder of deed

Pam

X Evelyn Kelly-Yard M.S.
Signature Conservator for John Hill

X
Address 1250 Morena Blvd.
X San Diego CA 92110
City Zip Code

X (619) 692-8725
Telephone

Invoice # 

Acct. # 

Work Order # E 18343

REA-164 (7-04)

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 | 297.73 |
| Balance due | 0 |

PAID

MAR 0 4 2004

MOUNT HOPE CEMETERY

m/c Credit Card

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.*

© Printed on recycled paper

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 Fan | Hom. | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/4/04

Interment space for: Li, Fong ☒

Interment Date: 3-4-04 Time: 2:30 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: [illegible] 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<br>11674 WEATHERWOOD PL.<br>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.<br>SAN DIEGO CA 92117 | FD 1126 | ▶ C 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<br>K JONES | 2404211<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3-4-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 GARVER 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 cemetery holder of record

Paulette

Signature: [signature]

Address: X 16270 Agate Point Rd. NE

City: X Bainbridge Island State: WA Zip Code: 98110

Telephone: X 206/ 780-0920

Work Order # E 18345

Invoice #

Acct. #

REA-104 (7-95)

*This information is available in alternative formats upon request.*

w/ Gregg

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<br>16270 AGATE POINT RD N.E.<br>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<br>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<br>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<br>345 CAMINO DEL REMEDIO<br>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<br>MOUNT HOPE CEMETERY<br>SAN DIEGO, CA | 11B. DATE BURIED<br>3-18-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>[signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>WELCH-RYCE-HAIDER CREMATORY<br>450 WARD DRIVE<br>SANTA BARBARA, CA, 93111 | 12B. DATE CREMATED<br>03-08-2004 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>[signature] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>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<br>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<br>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 _____ 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 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 [signature]
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 ..... _____

PAID

MAR 05 2004

MOUNT HOPE CEMETERY

Total Due ..... 877.50

Paid receipt number MC 877.50

Balance due 0

I hereby certify I am the LG of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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: Madge L Carlile

Address: 450 E BRADLEY AVE #56

City: EL CAJON Zip Code: CA 92021

Telephone: 619 449-9772

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

(714) 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: Maria Louisa 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<br>16292 GENTRY LANE<br>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<br>R.MARTINEZ | 2404686<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT.HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-13-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 ~~one~~ 500 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

B 9549

| | |
|---|---|
| Grave space & Care Fund | — |
| Additional spaces and care fund | — |
| Opening/Closing & Setup | 116 — |
| Burial Container | 101 — |
| Handling Fees | 66 — |
| Flower vases ~~Marker setting fee~~ | 28 — |
| Recording and filing fee — res set fee pd. | 50 — |
| Sales taxes | 4.73 |
| Total Due | 325.73 |
| Paid receipt number R 57291 | 325.73 |
| Balance due | — |

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 Crapo
Signature

X 17 N Pine St
Address

X Ramona, Ca 92065
City Zip Code

X (760) 788-0331
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18349

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<br>1717 PINE STREET<br>RAMONA CA 92065 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| BONHAM BROS. & STEWART MORTUARY<br>321 12TH ST RAMONACA 92065 | FD-568 |

| 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 |
|---|---|---|---|
| | | ▶ | 03/07/2004 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO 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<br>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<br>LOS ANGELES CA 90012 | PO BOX 85222<br>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<br>Mt Hope Cemetery 3751 Market St<br>San Diego CA 92102 | 11B. DATE BURIED<br>3/9/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

Attend

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 Clarc Bridgette 227590

In a [illegible] (Type of Burial Container) Funeral, date, time Fri 3/12 10:00

Church, Chapel, Graveside _____ ; Rizedale 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 D

| | |
|---|---|
| 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 08 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.*

Printed on recycled paper

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<br>453 Graves Avenue #21<br>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<br>San Diego, CA 92102 | FD-1329 | ▶ [illegible] | 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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3/12/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ M. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 02:45 NLVB

Date 227605

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lorraine ~~Heasley~~ Harmon

in a liner (Type of Burial Container) Funeral, date, time Mon 3/16 1:00

Church, Chapel, Graveside ; (A 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 Pan

Invoice # _____

Work Order # E 18351

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

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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 | olavarria | | |
| | 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<br>952 47TH STREET<br>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<br>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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>3-16-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kurt F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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: ~~264-3151~~
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 P03:52 RCVD

Date 3/8/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARTHUR KEITTINGHAM 210778

in a D.D. Crypt. (A) Funeral, date, time THURS. MARCH 11 2:00
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) O/C | 826.00 |
| Burial Container | 418.00 |
| Handling Fees | 352.00 |
| Flower vases – Marker setting fee | — |
| Recording and filing (2) R/F Fees | 100.00 |
| Sales taxes | 32.40 |
| Total Due | 1728.40 |
| Paid receipt number R-57297 | 1728.40 |
| 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-57300

Signature of recorded holder of deed

X Marilyn Keittingham
Signature

8465 Abilene Lakeside
Address

Mesa Ca. 91942
City Zip Code

619-460-3872
Telephone

Paulette arrival 3:20

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 E-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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Willard Woods | Woods | Smith Gordon | | | |
| | | | 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: [illegible] Date: 3/9/04

E-18352

13

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 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<br>8465 ABILENE TERRACE<br>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<br>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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>K JONES | 2404822<br>▶ |

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<br>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<br>MT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3/11/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 _____ : Pt. 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.*

Printed on recycled paper

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 | | wing 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<br>4143 VISTA GRANDE DR.<br>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<br>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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>K JONES | 2404820<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3-11-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Rick w/ Lorraine

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

03-09-04A11 Date 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 6353 | 0 |
| Additional spaces and care fund | |
| Opening/Closing & Setup E 013805 | 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

Pd attached

Invoice # _____

Work Order # E 18354

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 care 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 — 0 |
| Additional spaces and care fund | |
| Opening/Closing & Setup | E 013805 — 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 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 (7-86)

*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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | x | Neil | watanabe | |
| | Sherman | | | | | I+D |
| | | | | | | |

Blind Check Initiated By: Pam Date: 3/9

Interment space for: Michael Monte

Interment Date: Sat 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: 3/15/14

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<br>976 BROADWAY<br>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<br>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<br>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.<br>NOTE: THIS PERMIT GIVES NO 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<br>K JONES | 2405193<br>▶ |

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<br>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<br>MT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3-16-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kevin F Jenny | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 RS7303 | 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 619-262-2459
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: (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 |
|---|---|---|---|---|---|
| Piaith | - | 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<br>2626 Highland Ave. #3<br>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<br>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<br>G. Lynch | 2404910<br>▶ |

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<br>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<br>Mt. Hope Cemetery 3751 Market St.<br>San Diego, California 92102 | 11B. DATE BURIED<br>3-13-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Fenner | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 ~~3:30~~ 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 8 Grave 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 # _____
Acct. # _____

Work Order # E 18356

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

03-10-04A11:51 RCVD

Date _____

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

in a DD Chapel 1st 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 D |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 443 |
| Burial Container | 418 |
| Handling Fees | 352 |
| Flower vases – Marker setting fee | |
| Recording and filing fee | 50 |
| Sales taxes | 52.40 |
| 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 owner of lot or agent

Pam

Work Order # E 18356

Rachel E Wins

Signature

X 4790 Solola Avenue

Address

X San Diego, CA 92113

City Zip Code

X (619) 264-3597

Telephone

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<br>4790 Solola Avenue<br>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,<br>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**

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>B. Campbell | 2404945 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>SanDiego,CA 92102 | 11B. DATE BURIED<br>3-19-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 (7-96)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

Af Rec'd 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 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 F ..... 231 –

Additional space ..... Sat OT ..... 116 –

Opening ..... 60 –

P ..... 60 –

Rec ..... 50 –

Sales t ..... 4.73

Total Due ..... 528.73

Paid receipt number MC 528.73

Balance due ~~0~~

please sign & fax back (619) 527 3403

ID

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.

Dail Phillips

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

Signature of recorded holder of deed

Pam

Signature X Dail K. Phillips

Address X 849 7th Alameda

City X Berkeley Ca 94707 Zip Code

Telephone X 510 525-7985

Work Order # E 18357

Invoice # _____

Acct. # _____

REA-104 (7-94) This information is available in alternative formats upon request.

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 m

Agrees with Map: ☑ Yes ☐ No grave

Blind Check & Verified By: R. H. Brown 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:
Dell 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 Kearsarge 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<br>Mt. Hope Cemetery<br>3751 Market St., San Diego, CA 92102 | 11B. DATE BURIED<br>3-13-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>Sacramento Memorial Lawn Crematory<br>6100 Stockton Blvd.,Sacramento,CA 95824 | 12B. DATE CREMATED<br>3-10-04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 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

Date 03-10-04 P01:35 IN

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.

x Norwell D. Ward
Signature

x 7511 Cribble St
Address

x San Diego, 92114
City Zip Code

x (619) 264-2449
Telephone

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

_____
Signature of recorded holder of deed

Pam

Invoice # _____

Work Order # E 18358

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 93 12 AM 08:45 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys Bramlett 227491

in a TS Vault (Type of Burial Container) Funeral, date, time Fri 3/12 1:00

Church, Chapel, Graveside _____ ; Rosedale 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 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

Not attached

Invoice # _____

Work Order # E 18359

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.

X Wendell Bramlett
Signature

X 4220 OCEANVIEW BLVD.
Address

X SAN DIEGO, CA 92113
City Zip Code

X (619) 262-8479
Telephone

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

_____
Signature of registered holder of deed

Pam

Work Order # E 18359

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<br>4220 Oceanview Boulevard<br>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<br>San Diego, CA 92102 | FD-1329 | ▶ [signature] | 03/09/2004 |

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 | 03/11/2004<br>B. Campbell | 2404891 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-12-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE | |

COPY 2 IS RETAINED BY 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 03-12-04A08:57 RCVD

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 |
| Additional spaces and care fund | Ø |
| Opening/Closing & Setup | 413 |
| Burial Container | 275 |
| Handling Fees | 204 |
| Flower vases – Marker setting fee | PAID |
| Recording and filing fee | 50 |
| Sales taxes | 21.31 |
| Total Due | 963.31 |
| | 963.31 |
| Balance due | Ø |

MAR 15 2004

MOUNT HOPE CEMETERY

R-57330

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

Pam

X Signature

X Address

X City Zip Code

X Telephone

See attached

Work Order # E 18360

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

03-12-04A08:57 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 Division/Block 10

| | |
|---|---|
| Grave space & Care Fund D 2083 | 0 |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 415 |
| Burial Container | 275 |
| Handling Fee | 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

Pam

X Beatrice Wilkins
Signature

X 6227 Capri Drive
Address

X San Diego, CA 92120
City Zip Code

X (619) 229-0217
Telephone

Work Order # E 18360

Invoice #

Acct. #

REA-104 (7-96)

*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 | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| LOS ANGELES | LOS ANGELES | BEATRICE Q. [redacted]KINS - DAUGHTER<br>6227 CAPRI DRIVE<br>SAN DIEGO, CALIFORNIA 92120 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| ANDERSON-KACSDALE MORTUARY-5050 FEDERAL BLVD<br>SAN DIEGO, CALIFORNIA 92102 | 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 | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ Lori Wilhem | 03/12/2004 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO 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 | ▶ Thomas W. Guthrie |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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-313 N. FIGUEROA ST. L-1<br>LOS ANGELES, CALIFORNIA 90012 | SAN DIEGO CO. HEALTH DEPT.-3851 ROSECRANS STREET<br>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<br>MT. HOPE CEMETERY-3751 MARKET STREET<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>3-15-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kevin F. [illegible] |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ |
| 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<br>▶ |

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

COPY 2 IS RETAINED BY 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 208032

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.*

© Printed on recycled paper

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<br>3128 JARVIS ST.<br>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 1687b 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<br>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,<br>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<br>MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-16-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>OCEANVIEW CREMATORY, 1625 GISLER AVENUE, COSTA MESA, CA 92626 | 12B. DATE CREMATED<br>MAR 1 1 2004 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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.

A+ 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 22-7619

In a DD Crypt 1st (Type of Burial Container) Funeral, date, time Fri 3/19 1130

Church, Chapel, Graveside _____ ; Cremation NC Mortuary.

All Funeral cars must arrive before ~~6:00 p.m.~~ 3:30 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 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.

Mormary 2 pay

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

_____ Signature of recorded holder of deed

Pam

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

DL attached

Work Order # E 18362

Invoice # _____

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

Printed on recycled paper

A+ 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 DO Cupt 1/2 Funeral, date, time E Fri 4/9

Church, Chapel, Graveside : Cremation Memorial.

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 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.

Mt. Hope Cemetery

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

Signature of Repetitive Vendor of Shop

Pam

Work Order # E 18362

Eudela Jones

Signature

4852 LOGAN AVE #205

Address

SAN DIEGO, CA 92113

Zip Code

619-420-6085

Telephone

Invoice # _____

Acct. # _____

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<br>4852 LOGAN AVE. #205<br>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<br>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<br>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<br>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<br>MT HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3-19-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kevin F Jones | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Ingraye ⊗ 227028

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~~ ID

| | |
|---|---|
| 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 |

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

See attached

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 18363

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

At bed

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 asb vault Funeral, date, time Mon 3/22 10:00

Church, Chapel, or 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.

Lot 5275 Grave 1 Row _____ Section _____ Division/Block 10

| | |
|---|---|
| Grave space & Care Fund | E 9793 |
| 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 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 owner of deed

Pam

X John Inouye
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.

© Printed on recycled paper

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | [illegible] | [illegible] | [illegible] | | |
| | [illegible] | | X | Khouri | Hatauye | |
| | [illegible] | [illegible] | [illegible] | [illegible] | | |
| | | | | | | |

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: 52 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: 3/15/22

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<br>1310 Felton Street<br>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<br>855 Broadway<br>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 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 | 02/04/2004<br>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,<br>Dept. of Vital Records P.O. Box 85222<br>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<br>Mt. Hope Cemetery<br>4470 Hilltop Dr.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-22-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>Cremation Services Inc.<br>2570 Fortune Way<br>Vistap CA 92083 | 12B. DATE CREMATED<br>2/6/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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

03-15-04A08:44 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 disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Del attached

City Zip Code

X _____

Telephone

Invoice # _____

Work Order # E 18364

Acct. # _____

REA-104 (7-95)

*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 | | Cooper | |
| | | 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 sold under deed.

Signature of authorized holder of deed

Pam

Work Order # E 18364

x Adelle D Stevens

Signature

x 3568 Oceanview Blvd

Address

x San Diego, CA 92113

City Zip Code

x (619) 234-6914

Telephone

Invoice # ____

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<br>3568 Oceanview Blvd<br>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<br>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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3/18/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 04P12:38 AD

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

Invoice # _____

Work Order # E 18365

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 3/15/04

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 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 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 or deed

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)<br>11320 El Nopal St.<br>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.<br>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<br>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<br>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<br>Mt. Hope Cemetery: 3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3 19-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kurt F Kemp | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Heckner 227627

in a 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 H/C | 138 |
| Recording and filing fee | 50 |
| Sales taxes | 32.40 |
| Total Due | 2910.40 |
| Paid receipt number H/C | 2910.40 |
| Balance due | 0 |

PAID

MAR 15 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Lestlie Wise of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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: Lesley Heckner

Address: 6319 Rustler Dr

City: San Diego, Ca. 92139 Zip Code

Telephone: (619) 475-7448

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

Signature of recorded holder of deed

Pan

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 |

11. 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 | 16. HIGH SCHOOL GRADUATE OR EQUIVALENT | 17. DAYS ACCRUED LEAVE PAID |
|---|---|---|
| ☐ YES ☒ NO | ☒ YES ☐ NO | 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: M Bustamante 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 CIRY | SAN DIEGO | PERTHYLEAN HACKNER-WIFE<br>6319 RUSTIC DRIVE<br>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<br>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<br>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<br>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<br>MT HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGOCCA 92102 | 11B. DATE BURIED<br>3-20-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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] | 189.63 |
| Recording and filing fee | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 2022.83 ~~1833.20~~ |
| Paid receipt number VisaCard | 2022.83 |
| Balance due | Ø |

PAID

MAR 15 2004

MOUNT HOPE CEMETERY

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<br>9858 Fieldthorn Street<br>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<br>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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>B. Campbell | 2405203 ▶ |

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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3/19/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ M. [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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

2276316

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 mar 284-7000 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 272026 | 1833.20 |
| Balance due | — |

Country Bank 3/11

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 of recorded holder of deed

Signature _____

Address _____

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.<br>5201 -A Raffin Road<br>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<br>3094 El Cajon Boulevard Suite A<br>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 Bowen 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<br>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<br>Mt. Hope Cemetery<br>3751 Market Street<br>San Diego, California 92103 | 11B. DATE BURIED<br>3-23-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY 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. Gross

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 HUB RED IMAGE-DISAPPEARS WITH HEAT.

⑈272026⑈ ⑆122235821⑆ 16184321914 8⑈

1836

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

X1683 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. ~~[illegible]~~

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<br>1683 Sweetland Acres Lane<br>Muscatine IA 52761 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER FD—IF APPLICABLE |
|---|---|
| Heath Funeral Home<br>611 HIghland Ave., National City CA 91950 | FD 807 |

| ACKNOWLEDGMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100275 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 03/16/2004 |
|---|---|---|---|

| PERMIT<br>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.<br>NOTE: THIS PERMIT GIVES NO 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 |

| 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)
- [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<br>Mt. HOpe Cemetery, San Diego CA 92102 | 11B. DATE BURIED<br>3-19-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>Lamedia Crematory, El Cajon CA 92021 | 12B. DATE CREMATED<br>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.

MT. HOPE CEMETERY

# INTERMENT ORDER

At Need

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 | Ø |
| Additional spaces and care fund | — |
| Opening/Closing & Setup | Ø |
| Burial Container Liner | Ø |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording and filing fee | Ø |
| Sales taxes | Ø |
| Total Due E-15519 | Ø |
| Paid receipt number | — |
| Balance due E-15519 | 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

Bulette

Invoice # _____

Work Order # E 18370

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

E-18370
Conservator
3/31 called Dr. Signature
they will fax
when they
get it.
PA

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 Farquar

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: M. Bunderman 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<br>6025 Dipper St.<br>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<br>855 Broadway<br>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 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 | 03/17/2004<br>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<br>Dept. of Vital Records P.O. Box 85222<br>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<br>Mt. Hope Cemetery<br>3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-19-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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
Attend

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 DO 2nd (Type of Burial Container) Funeral, date, time ~~Tues 3/23~~ 12:30

Church, Chapel, Graveside ____ ; PB 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 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 Deed 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: 3 Gr: 1

Grave Laid out by: DARREYL

Agrees with Legal Card: ☐ Yes ☐ No flag in 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<br>7111 BEAGLE ST<br>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<br>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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>E GALVEZ | 2405405<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3-26-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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 tax | 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 to funeral home for marker letter for payment plus PSF 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.

Mark S. Hall
Signature

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

_____
Signature of recorded holder of deed

Paulette (619) 475-5503

11708 Amer Court
Address
Ft. Washington, MD 20744
City Zip Code
301-203-3960
Telephone

Invoice # _____

Work Order # E 18372

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

MT HOPE CEMETERY E -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

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 |
|---|---|---|---|---|---|
| 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<br>3131 Valley Road, Space 28<br>National City, CA 91950 |

| 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<br>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 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] | 03/18/2004 |

| PERMIT<br>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.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | | 13.00 | 03/22/2004<br>B. Campbell | 2405595<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-23-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Perque |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ |

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

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Pre-need Lot/Trust

Date 3/17/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pal 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 Pal and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 227600 I hold under deed.

Signature of recorded holder of deed _____

Signature Hattie M Taylor

Address 244 26th St

City S.D. CA. Zip Code 92102

Telephone 619-239-6972

Pauletta

Work Order # E 18373

Invoice # _____

Acct. # _____

REA-104 (7-98)

*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 86465-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

$ 61 25

SIXTY-ONE ******
DOLLARS 25 CENTS

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 CA. 92102

Payable Through
WF National Bank South Central
Faribault, MN

ISSUER/DRAWER: TRAVELERS EXPRESS COMPANY, INC.

AUTHENTICATE HERE 95 963428570016
0859501082127142

4771224142 3

⑆091900533⑆477 122464 23⑈ 90

◀ ◀ ◀ 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<br>848.20 | 458.00 | 1375.20 |
| 04-22-04 | R-57472 | coupon 1 | April 04 197 2090 | | 57.00 | 1318 |
| 05-25-04 | R-57588 | #2 | may 04 | | 57.00 | 1261.20 |
| 06-17-04 | R-57668 | 3 | June 04 448.20 trust | | 57.00 | 1204.20 |
| 7-22-04 | 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 ~~188~~ ~~Left to 20%~~ | | 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.— | 520.20 |
| 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-00002 | #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 20th 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 2 2 2004

MOUNT HOPE CEMETERY

ISSUED BY Kim 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 Tan 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)

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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)

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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 dlrs Dollars ($ 57.00)

in part Payment of Re-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 $ 103320

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

M.O. 44226626

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 | 77181 | | |
| 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

4422 076011

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 |

AC-212 (Rev. 4-04)

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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 Pam Hebel

| | | |
|---|---|---|
| CREDIT | 67007 | 57 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 | $ | 57 00 |

AC-212 (Rev. 4-04)

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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 $ 748.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

MO 4592798567

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- |

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

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" WITH A SEAL

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. Clifford

| | | | |
|---|---|---|---|
| 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. Campos

| | | |
|---|---|---|
| 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 | |
| | 78390 | |
| 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 ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

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 ~~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 20

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 | | |
| of Lots | 77184 | 57 | 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 | | |
| | 76390 | | |
| 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 | | |
| Trust | 77186 | 60 | — |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 60. | — |

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

59328

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 466 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. E-18373

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.*

Pre Need Lot + Inurn

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: O + reg ot | 529 — |
| Burial Container: Ash + TS | ~~336~~ |
| Handling Fees: Ash + TS | 270 — |
| Flower vases – Marker setting fee | — |
| Recording and [illegible] fees x 2 | 100 — |
| Sales taxes: Ash + TS | 24.04 |
| 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-04089

MT. HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

Signature: x Pamela J. Lollis

Address: x3549 MT. Aviano Dr.

City: San Diego Zip Code: CA 92111-3802

Telephone: (858) 279-6705

Invoice # _____

Acct. # _____

Work Order # E 18374

REA-104 (7-96)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

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 1066 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-00060 | # 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 6947

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

PAID

JAN 31 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 | 53033 | 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 27 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 | 60101 | |
| | 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 ~~Stolli~~ M.V. Mollis Address: 3549 Mount Ariane Dr.

eighty-seven ~~00~~ 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

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 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 — |

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

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 | — |

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

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 pu mud

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 ✓

5660

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

PAID

JUN 0 8 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebb

| | | | |
|---|---|---|---|
| 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
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

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

57826

Date: 7/23, 20 04

From: Pam + Wayne Sollis 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 (87) 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] 87

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 $ 1053.04

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ☐

2613

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 — |

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

58821

Date: May, 20 05

From: Wayne & Pamela Lalis 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

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 | |
| | 76390 | |
| 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 | |
| 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

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 89 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 _____ Type of Burial Container Funeral, date, time Fri 3/19 9:00

Church, Chapel, Graveside _____ Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Division ~~Lot~~ MAS Section ~~Grave~~ A Blk/Row ~~Row~~ _____ Lot ~~Section~~ 60 1/2 grave ~~Division/Block~~ 1

| | | |
|---|---|---|
| Grave space & Care Fund | | |
| Additional spaces and care fund | Dis interment | 440 — |
| Opening/Closing & Setup | | |
| Burial Container | | |
| Handling Fees | | |
| 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 See attached

City Zip Code

Telephone

Pam

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 - 2751 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<br>5104 BIRCH GROVE LN.<br>FT. WORTH TX. 76137 |

| 7A. TYPED NAME AND ADDRESS OF 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<br>SAN DIEGO CA 92102 | FD 843 | ▶ [illegible] | 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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO 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 | 2405353<br>K JONES ▶ |

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<br>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<br>– | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>WILEY FUNERAL HOME, 400 E. HYW 397<br>GRANDBURY, TX. 76048 | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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, Francis 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 | | women | Colleges | |
| | | | | | | |

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<br>1050 PEACH AVE. #16<br>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<br>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<br>V MITCHELL | 2405283<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3/22/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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.

Lenny Perine

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

_____
Signature of recorded holder of deed

Lenny Perine
Signature

6354 Mt. Benwood 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 | | | Hopkins |
| | Thumpson | 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<br>6354 Mt. Ainsworth Avenue<br>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<br>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 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<br>B. Campbell | 2405595<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-23-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 | |
| Total Due | 1970.— |
| Paid receipt number R57350 | 1970 — |
| Balance due | 0 |

PAID

MAR 2 2 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.

221628

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

_____
Signature of recorded holder of deed

X Wong Yee Ling
Signature

X 323 E. Palomar St
Address

X Chula Vista CA 91911
City Zip Code

X (619) 691-1698
Telephone

Work Order # E 18378

Invoice # _____

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.

X _____ Signature 3-14-09

X 1278 Tobias Dr. Address

X Chula Vista CA 91911 City Zip Code

X 619 427 6936 Telephone

619 507 98 46 Mario

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

_____ Signature of recorded holder of deed

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 2272 Tubias Dr
Address

X Chula Vista 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.*

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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" ON 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

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 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. | — |

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 11 Payment of Pre-need lot -

Div 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 DATE

PAID

MAY 2 6 2005

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 | — |

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

363

AC-212 (Rev. 4-04)

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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 — |

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58822

Date: 5/6 , 2005

From: Vee Por Wang + Maria Romero 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

ISSUED BY P. Alexander 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

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*This information is available in alternative formats upon request.*

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 |

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

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" BY THIS OFFICE

**PAID**

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

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)

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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

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 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 |

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

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 |

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

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

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

PAID

OCT 06 2004

MOUNT HOPE

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 | — |

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

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

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

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

**PAID**

DEC - 6 2004

**MOUNT HOPE CEMETERY**

ISSUED BY M. Villegas

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 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 | - |

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 | 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.*

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 well install a Galv. Vane In Div 11 Sec 2 LOT 157 GR 4

payment was not recorded on 3-3-05 family was over charged $31.00 when Balance was due. DID NOT total 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 Address: on record Date: Mar. 3, 20 05

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 R Chung and 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 |
| 9-12-05 | pd by visa | | | | | 243 |
| Balance | 0 | pd IN Full | | | | 0 |

Dt 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 linen (Type of Burial Container) Funeral, date, time Thurs 3/25 1:00

Church, Chapel, Graveside _____ ; Rosedale 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) 264-7895
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 18380

Invoice # _____

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Chabellow | X | | Rosos | |
| | | Smith | | Farmer | | |
| | | | | | | |

Blind Check Initiated By: Ron Date: 3/02

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<br>335 S. 45th Street<br>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<br>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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3/25/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Germaine Molley 227638

in a TS Vault (Type of Burial Container) Funeral, date, time Wed. 3/24 1:00

Church, Chapel, Graveside ; Rogsdale 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 |
| Flower vases – Marker setting fee | 22 |
| Recording and filing fee | 50 |
| Sales taxes | 22.02 |
| | 1983.02 |
| Total Due | 1998.02 |
| Paid receipt number R 57352 | 1998.02 |
| Balance due | 0 |

PAID

MAR 22 2004

MOUNT HOPE CEMETERY

Pump

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

9721 Kenwood dr #22

Address

SV CA 91977

City Zip Code

Signature of recorded holder of deed

3/24/04

Telephone

Pam

Invoice #

Work Order # E 18381

Acct. #

credit

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 | | |
| | free | | X | | Howard | |
| | | | Byrd | Barnes | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 3/22

Interment space for: Jermaine 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 on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: R C Burrow 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<br>9121 Kenwood Drive #22<br>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.<br>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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3/24/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ M. Pentermacher | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Theo A KRAUS

in a D D CRYPT (B) (Type of Burial Container) Funeral, date, time Friday Mar. 26 12:30

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

Signature: Susanne Kearney

Address: 513 Ocala Ave.

City: Chula Vista Zip Code: 91911

Telephone: (619) 216-2602

Invoice # ____

Work Order # E 18382

Acct. # ____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

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At Rend

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 Bulgarie

Interment Date: Fri 3/26 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 234 Gr: 9

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<br>2372 MURRAY RIDGE ROAD<br>SAN DIEGO, CALIFORNIA 92123 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA CREMATION & BURIAL CHAPEL<br>5880 EL CAJON BLVD., SAN DIEGO, CA 92115 | FD-1357 | ▶ Gloria Lynch | 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 | 03/23/2004<br>G. LYNCH | ▶ 2405677 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>3-26-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. Jones | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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

ps: Bal

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.

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

_____
Signature of recorded holder of deed

X Thomas R. Dufrenne / Ricky C. Kimble
Signature

X 6502 HERRICK ST.
Address

X SAN DIEGO, CA 92114
City Zip Code

619-501-1500
Telephone

Paulette

Work Order # E 18384

Invoice # _____

Acct. # _____

REA-104 (7-96)

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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, (2) H/F, (2) R/F Fee, (2) Taxes and Marker installation. Div 11, Sec 2, Lot 47, Gr 45 | 330.00 | | 330.00 |
| | | 595.46 | | 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 | | 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 |

Ashcrafts

Lem to trust

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 | $ | |

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

59196

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

Date: September 19, 2005

From: Dufreane, Thomas/Kimble, Cindy 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

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 — |

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

58637

Date: 3/16, 2005

From: Dufrenne, J. Address: on record
Yearly Sum

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 ☒ Cash ☐ Check ☒

2161

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

**PAID**

MAR 16 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 | 69033 | |
| Trust | 77186 | 32 - |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 32 - |

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

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-18384

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. Kimber Address: 6502 Herrick Street SD Ca 92114

Thirty-Two and 00 Dollars ($ 32.00 )

in part Payment of pre-need Cor 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 Pauletta 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 Nimick St 80 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

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 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 |

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

57910

Date: Aug 17, 20 04

From: Tom Duquenne 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 ☑ #10

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 Deyfenne Address: 6502 Herrick 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

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 2 1 2004

MOUNT HOPE CEMETERY

ISSUED BY Dan Hetzel

| | | | |
|---|---|---|---|
| CREDIT | 87007 | 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 |

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 pd mid

Lot 47 Grave 45 Row Section 2 Division ~~Block~~ 11

Invoice No. E 18384

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 & Ninty-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 ✓

10# 473041443 49

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 1 0 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 |

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY

75-53 919

11/10/05

USA CHECKS CASHED

ISSUING AGENT

TravelersExpress. MoneyGram.

INTERNATIONAL MONEY ORDER

73041443 4

MONEY ORDER

IMPORTANT - SEE BACK BEFORE CASHING

473041443 49

PAY TO THE ORDER OF MT. Hope Cemetery

**192.00

ONE HUNDRED **** NINETY-TWO ***** DOLLARS 00 CENTS

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 CA 92114

ADDRESS

474884390101

15983023141294 34

ISSUER/DRAWER: TRAVELERS EXPRESS COMPANY, INC

Payable Thru JPF National Bank South Central Faribault, MN

Acct # E 18384

⑆091900533⑆473 041443491⑈ 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) [redacted] | 2. DEPARTMENT, COMPONENT AND BRANCH USMC 11 | 3. SOCIAL SECURITY NO. 492 20 6570 |
| 4a. GRADE, RATE OR RANK [redacted] | 5. DATE OF BIRTH [redacted] | 6. PLACE OF ENTRY INTO ACTIVE DUTY St Louis Missouri |
| 7. LAST DUTY ASSIGNMENTS AND MAJOR COMMAND C Co 3d Cbt Engrs | | 8. STATION WHERE SEPARATED VTU(MCRD) Pkgen 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(S) | 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 Obligated 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 | 16. HIGH SCHOOL GRADUATE OR EQUIVALENT | 17. LEGAL PAY ACCRUED |
|---|---|---|
| ☐ YES ☒ NO | ☒ YES ☐ NO | LEAVE PAID 00.00LB 00.00LB |

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
[redacted]

20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS ☐ YES ☐ NO

21. SIGNATURE OF MEMBER BEING SEPARATED
Thomas A. D[illegible]

22. TYPED NAME, GRADE AND TITLE OF AUTHORIZED OFFICIAL
[redacted], Lt., 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 [redacted] | 26. SEPARATION CODE KNC-4 | 27. REENLISTMENT CODE RE-1A |
| [redacted] | | |
| [redacted] | | 30. MEMBER REQUESTS COPY 4 |

BEST COPY AVAILABLE
U.S.M.C.

LUMGLES 14 DEC 10 E: 18384

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD - SAFEGUARD IT

5127

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): [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. DATE 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 $ ___ 000 ☐ NONE
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, 06 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 | 80 | 06 | 25 |
| b. Separation Date This Period | 84 | 06 | 25 |
| c. Net Active Service This Period | 03 | 12 | 07 |
| 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 | 00 |
| 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: [redacted]

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 BEING SEPARATED: Thomas R. Dunfee Jr.

22. TYPED NAME, GRADE, TITLE AND ORGANIZATION OF OFFICER AUTHORIZED TO SIGN: [redacted]

**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 TO DVA: [redacted]

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<br>6502 Herrick Street<br>San Diego, CA 92114<br>TELEPHONE NO. (619) 366-9947 FAX NO. (Optional):<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name): | FILED<br>Clerk of the Superior Court<br>MAR 20 2008<br>By: AEB, Deputy |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF<br>STREET ADDRESS 330 West Broadway<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Diego, CA 92101<br>BRANCH NAME: Central Division | |
| PETITION OF (Name of each petitioner):<br>Ricky Kimble<br>FOR CHANGE OF NAME | |
| **DECREE CHANGING NAME** | CASE NUMBER:<br>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 AEB
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 | | | |
| | | Pattillo | 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 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

In a lines (Type of Burial Container) Funeral, date, time Fri 3/26 10:00

Church, Chapel, Graveside : Rosedale Mortuary.

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

Lot 50 Grave 1 Row Section 3 Division/Block 12

E 16484

| | |
|---|---|
| Grave space & Care Fund | 0 |
| Additional spaces and care fund | 0 |
| Opening/Closing & Setup | 0 |
| Burial Container | 0 |
| Handling Fees | 0 |
| Flower vases – Marker alerting 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.

X Maxine Baxter
Signature

X 2469 W. Ingersoll Street
Address

X San Diego, CA 92111
City Zip Code

X (858) 278-9722
Telephone

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

Signature of recorded holder of deed

Invoice #

Acct. #

Work Order # E 18385

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<br>2469 W. Ingersoll Street<br>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<br>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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 PT2:28 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

Signature X

Address X 4517 Oregon St

City X San Diego CA 92116 Zip Code

Telephone X 619. 584 1790

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | Martinez | | |
| | | | X | | | |
| | | White | | Brown/Banks | | |
| | | | | | | |

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: DARRELL

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<br>4517 Oregon Street<br>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<br>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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-25-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 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 | 413.00 |
| Burial Container SIAB | 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 VISA | 557.82 |
| Balance due | 0 |

PAID MAR 23 2004 MOUNT HOPE CEMETERY

COL N8303152 7/23-07

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.

AL SAMII

x [signature]
Signature

x 1812 SOUTH COAST HWY 101
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 ; Rogsdale 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 A57375 | 1833.20 |
| Balance due | — |

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 Pay

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

Signature of recorded holder of deed

Pam

Signature X

Address X

City X Zip Code

Telephone

See attached

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 2:30 p.m. of regular work day or an extra charge of $ 300 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

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: DARREL 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<br>4868 Wilson Avenue #1<br>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<br>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 7054 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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 2276446

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 | ~~0~~ |
| 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 | ~~0~~ |

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

Invoice # _____

Work Order # E 18389

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 | | |
| | | | Hagel | | | |
| | | | | | | |

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-16389

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<br>4728 Shoshoni Avenue<br>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<br>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.

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 | Kim Beaulieu<br>03/15/2004 | 2405082 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>VITAL RECORDS P.O. BOX 85222<br>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<br>Mt. Hope Cemetery 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-26-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>Oceanview Crematory 1625 Gisler Avenue<br>Costa Mesa, CA 92626 | 12B. DATE CREMATED<br>MAR 16 2004 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [illegible] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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

Work Order # E 18390

Invoice # _____

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: 12:30

Div: Muslim Sect: ____ Blk/Row: ____ Lot: 153 Gr: ____

Grave Laid out by: DARKEYL

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flat

Blind Check & Verified By: Norman Pierson 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 |
|---|---|---|---|---|---|
| MEEK | - | 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<br>591 TAMARISK ST.<br>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<br>SAN DIEGO, CA 92102 | FD 843 |

| ACKNOWLEDGMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ [illegible] | 03/25/2004 |

**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 | 03/26/2004<br>K JONES | 2405990 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT HOPE CEMETERY, 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3-26-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 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~~ 3:00 p.m. 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 573664 | 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| Whitlock | 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<br>330 NORTH 1ST ST. #E<br>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<br>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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>3-26-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>Nancy L. Tamber | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 22746

in a Liner (Type of Burial Container) Funeral, date, time Friday Mar. 26 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 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 |
| Gal [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.

x Lee Marie Wiley
Signature

x 8421 Cartiede Dr. #8
Address

x San Diego 92114
City Zip Code

x 619-462-0879
Telephone

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

_____
Signature of recorded holder of deed

Paulette

Work Order # E 18392

Invoice # _____

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

Printed on recycled paper

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

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<br>6188 WUNDERLIN AVE.<br>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<br>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<br>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.<br>NOTE: THIS PERMIT GIVES NO 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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>3-26-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>Kim F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 | — |
| 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

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.

Kim Blazer
Signature

770 Wyandott Avenue
Address

Logan, Ohio 43138
City Zip Code

Telephone

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

_____
Signature of recorded holder of deed

Paulette

Work Order # E 18393

Invoice # _____

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<br>770 Wyandotte Avenue<br>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<br>San Diego, CA 92102 | FD-1329 | ▶ [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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-29-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 Hawe 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 | — |
| 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

Paid See R-57371

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

2019 54th St.

Address

S.D. Ca. 92105

City Zip Code

619 262 4596

Telephone

Raulette

Work Order # E 18394

Invoice #

Acct. #

REA-104 (7-96)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Atted

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego 03-29-04 09:40 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 ~~3:00~~ 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 | 0 |

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

X Willia Davis Lowe
Signature

X 415 Iona DR
Address

X San Diego ca 92114
City Zip Code

X (619) 269-3462
Telephone

Pam

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 | | | Bel 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 flag in grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: R. C. 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<br>415 Iona Drive<br>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<br>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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO 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<br>03/30/2004 | ▶ 2406133 |

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

COPY 2 IS RETAINED BY 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 149 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'd 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

Signature X Robin L. Harrington

Address X 1455 Bridgecreek Dr.

City X Sacramento CA Zip Code 95833

Telephone X (916) 205-3248 cell

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.*

© Printed on recycled paper

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 April 2 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 100 Grave 7 Row _____ Section 2 Division/Block 7

| | | |
|---|---|---|
| Grave space & Care Fund | B-232 | 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.

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

_____
Signature of recorded holder of deed

x Felicia M. McPherson
Signature

x 3450 "C" Street
Address

x San Diego, CA 92102
City Zip Code

x (619) 239-1945
Telephone

Paulette

Work Order # E 18397

Invoice # _____

Acct. # _____

REA-104 (7-86)

*This information is available in alternative formats upon request.*

E 18397 13

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 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<br>3450 C Street<br>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<br>San Diego, CA 92102 | FD-1329 | ▶ [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 | 04/01/2004 | 2406250<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-2-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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

Work Order # E 18398

Invoice # _____

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<br>3842½ Estrella Ave.<br>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.<br>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 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 |
|---|---|---|---|
| | | ▶ Leah A Mata | 03/30/2004 |

| PERMIT<br>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.<br>NOTE: THIS PERMIT GIVES NO 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<br>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<br>PO Box 85222<br>San Diego, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA<br>- | |

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

COPY 2 IS RETAINED BY THE 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 Mkt. 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 | 1948.81 |
| Paid receipt number | |
| Balance due | |

Fax to Mortuary Mgr. to pay

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

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

_____
Signature of Registered Holder of deed

x Mattie L. Davis
Address
x 5432 San Onofre Terr.
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 OVER SIZED CASKET - HAD TO CHANGE GRAVE #

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | JOSEPH COUNTS | | JOE WILLIAM | | |
| | | | X | | | |
| | | | ARLY ZICKEL | | ALICE BLEVINS | |
| | | | | | | |

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<br>5432 SAN ONOFRE TERRACE<br>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<br>2441 UNIVERSITY AVE.<br>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<br>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
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<br>MT. HOPE CEMETERY<br>3751 MARKET ST.<br>SAN DIEGO, CA 92102 4:05 | 11B. DATE BURIED<br>4-5-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>[signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Rend

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 18st (Type of Burial Container) Funeral, date, time Fri 4/2 11:00

Church, Chapel, Graveside Greater Apostolic CA Burial 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 176 Grave 7 Row _____ Section 2 Division/Block 12

| | |
|---|---|
| Grave space & Care Fund | 985 — |
| Additional spaces and care fund | L |
| Opening/Closing & Setup | 43 — |
| 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 0 1 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 of recorded holder of deed

Pam

1 _____ Signature
1 _____ Address
1 _____ City Zip Code
Telephone

DD 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 Rick

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 PO 18" (Type of burial Container) Funeral, date, time Fri 4/2 11:00

Church, Chapel, Graveside Greater Apostle CA Burial Mortuary.

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

Lot _____ 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 Mother

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

Signature of Owner or Holder in Case _____

Pam

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

Work Order # E 18400

Invoice # _____
Acct. # _____

RSA-10a (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18400

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF 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 | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | DELORIS LA VERGNE WILLIAMS-MOTHER<br>4998 DEATON DRIVE<br>SAN DIEGO, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT — Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA CREMATION & BURIAL CHAPEL<br>5880 EL CAJON BLVD, SAN DIEGO, CA 92115 | FD-1357 | ▶ [signature] | 03/30/2004 |

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 | 03/30/2004<br>M. MITCHELL | ▶ 2406183 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>4-2-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY 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 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 | | | Veterinary |
| | 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 | 413.00 |
| 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

FUX 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 3060 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 (7-98)

*This information is available in alternative formats upon request.*

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E 18401

# 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: Ryan Paulett Date: 3/30 4/1

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

Blind Check & Verified By: [signature] Date: 4/1/14

I/u9

E18401

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF 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<br>354 Langley Street<br>San Diego, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE |
|---|---|
| Bishop Mortuary<br>3444 Citrus Street, Lemon Grove, CA 91945 | FD-1673 |

| ACKNOWLEDGMENT OF APPLICANT | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|
| I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | ▶ Katrina Lamar | 04/02/2004 |

| 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 | K. Lamar 04/04/2004 | ▶ 2406400 |

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<br>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<br>Mount Hope Cemetery<br>3751 Market St., San Diego, CA 92102 | 11B. DATE BURIED<br>4/2/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>M. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 – Mounting 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~~ |
| 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
in grave of Dolores Clark
At DEED

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego 04 05 12 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 2012252

in a LINER (Type of Burial Container) Funeral, date, time 4/8/04 Thur. ~~AM~~ 2:00 p.m.

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 visa 4/13 | — |
| Recording and filing fee | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 848.20 |
| Paid receipt number R57449 | 848.20 |
| Balance due | 0 |

PAID
APR 0 8 2004
MOUNT HOPE CEMETERY

Fax to (360) 736-4648, 1800736-3817 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 _____

DL attached

Paulette

must to bring check.

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

PO Box 775
Address

Rochester, Wa 98579
City Zip Code

360-273-3442
Telephone

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

Marie Neilson
Signature of recorded holder of deed

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<br>PO BOX 775<br>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<br>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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>K JONES | 2406654<br>▶ |

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<br>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<br>MT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>4-8-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 | Whetstone | Whetstone | |
| | | | 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 Ferguson

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)<br>1959 DENVER STREET<br>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<br>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<br>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<br>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<br>MOUNT HOPE CEMETERY<br>3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-8-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kum F. Jung | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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

Attend

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 Guadalupano 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 | 448 — |
| 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 | 0 |

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 | | Tree | |
| | | | X | | Parson | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 4/5

Interment space for: Sarah Garcia

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 Darren 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<br>780 WEST G ST.APT#179<br>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.<br>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<br>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<br>MOUNT HOPE CEMETERY,3751 MARKET ST.<br>SAN DIEGO,CA.92102 | 11B. DATE BURIED<br>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.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

R. At Need ~~PAL-need~~ paid

04-05-04 A09:4

Date 4-5-04

IN 277695

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of P.C. ~~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.

Michelle M. del Campo
Signature

402 Florida St.
Address

San Diego 92104
City Zip Code

619 2974896
Telephone

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

_____
Signature of recorded holder of deed

RECEIVED 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<br>2464 CAPITAL AVE.<br>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 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 | 04/05/2004<br>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<br>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<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-12-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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-18405.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 R-51556 | 2086.31 |
| Balance due | 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

Paulette

Work Order # E 18406

Invoice # _____

Acct. # _____

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 | 413 - |
| 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.

X Beverly J. Avery
Signature

X 5748 Weymouth Way
Address

X 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 (7-98)

*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 fe | — |
| 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 Time Mortuary.

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

will be applied and billed to undersigned. _____

Lot 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 0 6 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

Name _____
Address _____
City _____ Zip Code
Telephone _____

See attached

Invoice # _____

Work Order # E 18407 A

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

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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 | Ø |

PAID

APR 8 6 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

Address 7421 88th AVE

City Oakland, Ca, 94605 Zip Code

Telephone 510 562-9836

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

E1 8407A

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 | | Kelley | | |
| | | Cuscel | X | | Barnitt | |
| | | Kendall | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 5/17

Interment space for: Anna Kendall

Interment Date: _____ Time: AYP

Div: 6 Sect: 4 Blk/Row: ____ Lot: 47 Gr: 6

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: 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<br>9781 NEW CHICAGO<br>DRYTOWN, CA 95699 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CHAPEL OF THE CHIMES<br>HAYWARD, CA 94544 | FD 1240 | ▶ Ann A. Suarez | 04/29/2004 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized in 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 | A. SUAREZ<br>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<br>MOUNT HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5-17-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 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 227663

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 ~~9:00~~ 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

Signature

X 2962 S. Yucca St.
Address

X CHANDLER AZ. 85248
City Zip Code

X 480-821-4700
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 18408

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Gunter | Sanford | | |
| | | Fee | X | Mulega | | Farmer |
| | | Jenny | Billbany | | | |
| | | | | | | |

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 Fe

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

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL 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<br>29812 TEAL RD<br>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<br>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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>JACKIE KOZICA ▶ | 2406700 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET/SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-8-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>N/A | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 RS 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 21 2004

MOUNT HOPE CEMETERY

| | |
|---|---|
| Grave space & Care Fund | 985 — |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 413 — |
| Burial Container 302.50 | ~~275.00~~ |
| Handling Fees | 226 — |
| Flower vases, Marker setting fee Trim | 138 — |
| Recording and filing fee | 50 — |
| Sales taxes | 23.44 |
| Total Due | 2187.94 |
| Paid receipt number R54417 | Pd VG 138. 1999.94 |
| Balance due | 487.00 |
| | 512.94 |

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 Jannie M Jet
Signature

X 1639 Jackson Hill Ct
Address

X El Cajon CA 92021
City Zip Code

X 619-593-6552
Telephone

Work Order # E 18409

Invoice #

Acct. #

REA-104 (7-96)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

227677

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<br>138.00<br>51.63<br>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 225249

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 — |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 413 — |
| Burial Container | 209 — |
| Handling Fees | 160 — |
| Flower vases – Marker set | |
| Recording and filing fee | 50 — |
| Sales taxes | 16.80 |
| Total Due | 848.80 |
| Paid receipt number Usa | 848.80 |
| Balance due | — |

PAID

APR 07 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

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 grave

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<br>1908 S. NEVADA AVE.<br>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<br>SAN DIEGO, CA. 92102 | FD 843 | ▶ [signature] | 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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO 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<br>K JONES | 2406803 ▶ |

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<br>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<br>MT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>4-12-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>— | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>— | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>— | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>— | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 | 443.00 |
| 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 5852 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 Ferrer

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<br>5852 Duluth Avenue<br>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, 5050 Federal Blvd<br>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 |
|---|---|---|---|
| | | ▶ [illegible] | 04/07/2004 |

| PERMIT<br>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.<br>NOTE: THIS PERMIT GIVES NO 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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-12-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 ✗ 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 0 8 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 92116
Zip Code

(619) 280 4256
Telephone

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/[illegible]/04

E18411
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)<br>19721 W. Scarlett Meadow Dr.<br>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.<br>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<br>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<br>Los Angeles, CA 90012 | P.O. Box 85222<br>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<br>Mt. Hope Cemetery: 3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4 29 04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 ; Markley-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 Bailed 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

Pam

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 | Shocking | | |
| | Free | | 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

flag in 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 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 | 04/09/2004 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 PAI 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 _____ : 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 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 |
| = 400- | |
| Balance due | 300.00 |
| R-57426 – 1445.58 | 1845.58 |

PAID

APR 09 2004

MOUNT HOPE CEMETERY

COL C7051665 12-2007 us POLE6 Lindy

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: Kim L. Beavers

Print Name: Kim Beavers

Address: 4736 Solola ave. #108

City: San Diego, CA Zip Code: 92113

Telephone: (619) 264-2005

Paulette

Work Order # E 18413

Invoice # _____

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<br>4565 Logan Avenue #B<br>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<br>San Diego, CA 92102 | FD-1329 | ▶ [illegible] | 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<br>B. Campbell | 2406797<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-13-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ David Noriega | | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE | |

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

A4 Nd

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 .....

PAID
APR 0 9 2004
MOUNT HOPE CEMETERY

Total Due ..... 463 —

Paid receipt number R 57422 463 —

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 Dan

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

527-3403

A4 pud

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 and Type of Burial Container Funeral, date, time Tues 4/13 11:00

Chapel, Graveside CA Burial Mausoleum

All Funeral cars must arrive before 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 ..... 443 —

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fee ..... 50 —

Sales taxes .....

Total Due ..... 443 —

Paid receipt number _____

Balance due _____

PAID
APR 09 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: Dan

X Barbara Burl Blake
Print name
X 364 Corral Ct
Address
X Bonita CA 91902
City Code
X 619 475-3000
Telephone

Work Order # E 18414

Invoice # _____

Acct. # _____

FRA-104 (3-04)

This information is available in alternative formats upon request.

© 2004 Mt. Hope Cemetery

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: Sun 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<br>364 CORRAL CT.<br>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.<br>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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>4/13/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ M. Fenstermacher | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Kreesch ⊗ 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 R 57423 | 297.73 |
| Balance due | -0- |

PAID

APR 0 9 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 on file 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 Rest

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 AYO

Church, Chapel, Graveside AYO ; Rest-Morial 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 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.

Karen A. Smith
Signature

Karen A. Smith
Print Name
4126 Buchanan Dr
Address
Fair Oaks, CA 95628
City Zip Code
(916) 961-9426
Telephone

Work Order # E 18415

Invoice # _____

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 | | | SHUFFLER | | |
| | LADDU | LADDU | 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<br>4126 BUCHANAN DRIVE<br>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<br>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<br>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<br>SACRAMENTO, CA 95823 | P.O. BOX 85222<br>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<br>MT HOPE CEMETERY, 3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-19-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>CAMELLIA MEMORIAL LAWN, 10221 JACKSON ROAD, SACRAMENTO, CA 95827 | 12B. DATE CREMATED<br>4/4/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 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.



C-28204

Pre-need
lot + trust

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego
04-09-04P12:32 RCVD
Date

287487 287488

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

pd by Phone 11-16-05 Bal 0
V154

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
Pam

X Carlos Lozano
Print Name
X 34849 BRYDEN 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 | | " | rem. to trust | 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 | PAID | 88.— | 1413.40 |
| 2-9-05 | 1 " " | M/C | | 88.— | 1325.40 |
| 3-11-05 | 1 " " | M/C | NOV 15 2005 | 88.— | 1237.40 |
| 4-11-05 | 1 payment phone | M/C | | 88.— | 1149.40 |
| 5-11-05 | 1 " " | " | MOUNT HOPE CE | 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 |

(over)

| | | | Credit | Balance |
|---|---|---|---|---|
| 10-06-05 | payment by phone | M/C | $88.00 | $533.40 |
| 11-15-05 | payment by phone | M/C | $533.40 | $0 |

PAID

NOV 15 2005

MOUNT HOPE CEME

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156605644

08/10/85 13:55:04 S KEYED

INVOICE#

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 E18446

$88.00 to
trust
E-18416
DIV 10 LOT 1679
LOZANO, Isidoro
pre-need payment

bnous 1415

88.00
- to trust
account

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STRE[redacted]
SAN DIEGO CA 9210[redacted]4527
619-527-5474
4001322156665644

03/11/05 14:39:34 KEYED

INVOICE#

MC XXXXXXXXXXXX05977

AUTH# 011721 REF# 64002001
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

DV. 10 11679

E-18416
Pre-need lot/trust
LOZANO, ALBERTA

E-18416
TO 80% 88.00
Div 10 Lot 1679
pre-need lot/
trust Alberto &
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

Jorgano Premed
2040 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

NC XXXXXXXXXXXX05977

AUTH# 009960 REF# 53502001
AVS: NO AVS REQSTED

SALE $ 00.00

TOTAL $ 00.00

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
Pre-need

CITY OF SO-MT HOPE CEMETERY #6
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
430132215665644

06/13/05 14:59:07 KEYED

INVOICE#

MC XXXXXXXXXXXX05977

AUTH# 013868 REF# 70102004
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)

• Phone

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

01/18/05 09:57:55 KEYED

INVOICE#

MC XXXXXXXXXXXX05977

AUTH# 016649 REF# 61602001
AVS: NO AVS REQSTED

MAIL/PHONE $ 88.00

TOTAL $ 88.00

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-HT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4381322136665644

L. Fogano pre need Deposit

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_____

Liberta + ISIDORO Lozano

Pre-need

E-8416

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 XXXXXXXXXXXX8977

AUTH# 008486 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 / Pele

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

pd owed for
Logano 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 XXXXXXXXXXXX85977

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

Lowno ae

CITY OF SD OT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619 527-3474
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 STR#: 4301 TER#: 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
4301822156655644

02/09/05 09:16:48 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

UTH# 011272 REF# 67882001
VS: NO AVS REQSTED

IL/PHONE $ 88.00

TAL $ 88.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

---

THANK YOU
PLEASE COME AGAIN

P 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 Lot
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# 66182082
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 RCVD Date

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~~ 2 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.

X Ramon Barcada

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

Signature

X Pam

X [signature]

Print Name

Address

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 Bugue

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: 4-12-04

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<br>4359 ILLINOIS ST.<br>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.<br>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]<br>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<br>[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 AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO,CA.92102 | 11B. DATE BURIED<br>4.16.04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER IF APPLICABLE |

COPY 2 IS RETAINED BY 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

04-12-04P12:39 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 Alternatives 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 | 930.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116 — |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | 138 — |
| Recording/Filing/Transfer Fees | 50 — |
| Sales taxes | |
| Total Due | 1134.00 ~~1146.00~~ ~~1134.00~~ ~~1146.00~~ |
| Paid receipt number | Visa |
| Balance due | — |

PAID

APR 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.

Carol Gavrido

I hereby authorize the interment in lot I hold under deed. 227693

Signature Pam

x Carol Gavrido

Print Name x Carol M. Gavrido

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 | Bodle | | |
| | | | | | | |

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<br>14863 Crocker Road<br>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<br>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 | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ Seargeant | 04/13/2004 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | $13.00 | 04/13/2004 | J. Seargeant ▶ 2406986 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>Mt. Hope Cemetery<br>3751 Market St., San Diego, CA 92102 | 11B. DATE BURIED<br>4-15-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>Cremation Services, Inc.<br>2570 Fortune Way, Vista, CA 92083 | 12B. DATE CREMATED<br>4/14/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [illegible] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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

04-12-04P01:10 RCVD Date

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 ..... 231 —

Sales taxes ..... _____

PAID

APR 12 2004

MOUNT HOPE CEMETERY

disinterment

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

Ram

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

Pis

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: TOOF 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: [illegible] 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 | Daughter |
| SIGNATURE(S) | RELATION TO DECEASED |

Pamela Hoffel
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 Rud

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 Q 201638

in a _____ Funeral, date, time Thur 4/15 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

Print Name Carol M. Garrido

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 Chad Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 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 Dina 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: 12 Sect: 2 Blk/Row: Lot: 47 Gr: 1

Grave Laid out by: Norman Pengham

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)<br>738 HICKORY COURT<br>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<br>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

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

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

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>LOS ANGELES, CA 90012 | P.O. BOX 85222<br>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<br>MOUNT HOPE CEMETERY<br>3751 MARKET ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4/16/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kenneth Collins | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 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 (Type of Burial Container) Funeral, date, time ~~Fri 4/16 9:00~~

(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 80 Grave 9

| | |
|---|---|
| Grave space & Care Fund | 985 — |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413 — |
| 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

Work Order # E 18422

Invoice # _____

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 | free | | |
| | | Purbide | Ramos | Phillips | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 4/12

Interment space for: Grey Pilorin

Interment Date: Fri 4/16 Time: 9:00

Div: D 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

Place 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<br>350 17TH STREET #302<br>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<br>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<br>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<br>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<br>MT HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED<br>4-23-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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

04-13-04A10:07 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aurora Pilorin 227700

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 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

Elizabeth P. Smith
Print Name

7940 NE Double Hitch Ct
Address

Bremerton WA 98311
City Zip Code

360-698-7061
Telephone

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
B.I.P

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego
04-13-04 A10:12 IN

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. 2 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

Invoice # _____

Work Order # E 18424

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<br>4934 MARKET ST.<br>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<br>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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>4/20/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ M. Bendermann | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY 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-55447 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: Pam 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 Recd 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# 4700274701 1

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 0 3 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 84599-13

THE FRONT OF THE DOCUMENT HAS A MICRO PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY 75-1618 919

TravelersExpress. MoneyGram.

INTERNATIONAL MONEY ORDER

11/03/05

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

⑆090040430001
388 ⑈841307138701

4700274701 1

[redacted]

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 9:00

Church, Chapel (Graveside) _____ ; American Cremation Mortuary. 283 5849

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 F | 50 — |
| Sales taxes R57469 4/22 | 496. — |
| Total Due | |
| Paid receipt number R57440 | 496 — |
| 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
4751 67th St #B
Address
San Diego 92115
City Zip Code
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<br>4751 67th ST. #B<br>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 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$13.00 | 04/08/2004<br>R.MARTINEZ | 2406785<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5-1-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>COUNTY CREM. 192 COMMERCE DR., PERRIS, CA 92571 | 12B. DATE CREMATED<br>4-9-2004 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ Michael Hamm | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Thao Saiphiw 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 |
| 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 Meuang 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 MEUANG SAIPHIW (Print Name)

X404 47th St #5 (Address)

XSandiego 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<br>4704 47TH ST #5<br>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<br>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<br>C. GRIER | 2407330<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT HOPE CEMETERY 3751MARKET ST<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-17-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F Kanar | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | free | | Henson | | |
| | | Khaqpaloon | X | | Palmer | |
| | | | Sullivan | | | |
| | | | | | | |

Blind Check Initiated By: Pam 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 graves

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 4/15/04

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 _____ (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 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 | 1988.31 |
| 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

Invoice # _____

Acct. # _____

Work Order # E 18428

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: One O/C $413, TS Vault $275, H/F $204, R&F Fee $50, Sales Tax $21.31. | | | 985.00 963.31 | | 985.00 1948.31 |
| Down Payment R-57452 | | | | 487.00 | 1461.31 |
| 5-17 04 | R 57554 | Coupon 1 may 04 2040 133 | | 61 — | 1400 31 |
| 6-9 04 | R 57637 | 2 June 04 | | 61 — | 1339 31 |
| 7/19/04 | R-57806 | 3 July 04 | | 61.00 | 1278 31 |
| 8/16/04 | 57904 | 4 aug 04 | | 61 — | 1217 31 |
| 9-20 04 | 58029 | 5 Sept 04 $3 + 30% | | 61 — | 1156 31 |
| 10-19 04 | 58150 | 6 oct 04 $2 + 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 | 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 | C 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 |

PAID
MAR - 3 2006
MOUNT HOPE CEMETERY

(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: Raul 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 ($ 601.00 )

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 2 0 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 | $ | 61 | 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 | 63033 | | |
| 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 | |
| | 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
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 Hazed

| | | | |
|---|---|---|---|
| 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 12-20-04 11:59 PAID

58339

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 |

prepaid for 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 Stendard

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 | PA 826 — |
| Burial Container | PA 418 — |
| Handling Fees | PA 352 — |
| Flower vases – Marker setting fee | PA ~~100 ea.~~ 50 — |
| Recording/Filing/Transfer Fees | PA 32 40 |
| Sales taxes | |
| Total Due | 985 2,713.40 |
| Paid receipt number | R 46604C 2,46 — |
| Balance due | 739. — |

(Visited) Irma Richmond

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

5321 S. 39th ST.
Address

SAN DIEGO 92113
City Zip Code

(619) 255-9073
Telephone

Signature

Nancy Flan

Work Order # E 18429

Invoice #

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

PM
Mt Hope
Lot

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date April 16, 06

Lot actually used for her daughter Jehosh Standard 5-19-93

You are authorized and requested to inter in accordance with 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 R4464C | 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.

Signature

X Irma Richmond
Print Name
X 321 S. 39th St.
Address
X San Diego 92113
City Zip Code
X (619) 255-9073
Telephone

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: Gina 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 G

| | | |
|---|---|---|
| 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

57642

Date: June 9, 20 04

From Uma Richmond Address: 321 S 39th St SD 92113

Dollars ($ 602.00)

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

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

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

**PAID**

JUN 0 9 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

| | | | |
|---|---|---|---|
| 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
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

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

PAID

JUL 12 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Heard

| | | |
|---|---|---|
| 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 |

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

58377

Date: Jan 4, 20 05

From: Irma Richmond Address: ~~5330~~ 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 | 62 — |
| 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.*

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: 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 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 Hokel

| | | |
|---|---|---|
| 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

S Hly Swd

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 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 | 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

59145

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 2 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 Gaulus

| | | | |
|---|---|---|---|
| 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.*

Pn# 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 to 197 | | 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 Dobson's 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.

Consuelo Marure
Signature
Jorge Marure
Paulette

227710 Consuelo Marure – 227711 Jorge Marure
Print Name

1167 25 St. #302
Address

San Diego Cal 92154
City Zip Code

(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
Rud

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 Chau 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 | 809 — |
| 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 [illegible]
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: Cuy Nguyen

Interment Date: Wed 4/21 Time:

Div: 12 Sect: 1 Blk/Row: Lot: 15 Gr: 11

Grave Laid out by: Norman Fey

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4-19-04

Plug for grave

E18432

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF 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 | 06/04/1946 | 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<br>5352 Trojan Avenue<br>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<br>3094 El Cajon Boulevard Ste., A<br>San Diego, California 92103 | FD-1746 | ▶ Mark Jal | 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<br>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<br>Mt. Hope Cemetery<br>3751 Market Street San Diego, Ca 92102 | 11B. DATE BURIED<br>4.21.04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kurt F. Kemp | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 44"x8" 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<br>302 MEADOWBROOK DR.<br>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<br>2441 UNIVERSITY AVE.<br>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<br>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<br>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<br>MOUNT HOPE CEMETERY<br>3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-21-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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) 472-2825
Telephone

Invoice # _____

Work Order # E 18434

Accl. # _____

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<br>3110 Biggs Court<br>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<br>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

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

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

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>Mt. Hope Cemetery, San Diego CA 92102 | 11B. DATE BURIED<br>4/22/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ M. Cemetemaster | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 22478

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 | Dmon | 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: 4-21-04

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<br>1639 Jackson Hill Court<br>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<br>San Diego, CA 92102 | FD-1329 | ▶ Ulan Van Deen | 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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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

Art Rec'd

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego 04 21 04 08:52 RCVD

Date _____

227723

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 2001 (Type of Burial Container) Funeral, date, time Thurs 4/22 9:00

Church, Chapel, Graveside Delaney ; Aztecan 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 | 120 — |
| 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 |

Rec'd 5/3/04

PAID

MAY 20 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.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

all attached

Invoice # 397751

Work Order # E 18436

Acct. # 000952

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

TO: Ellen B.

Attached

MT. HOPE CEMENTERY

# 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 #2004-1241

In a DD 2091 (Type of Burial Container) Funeral, date, time Thurs 4/22 9:00

Church, Chapel, Graveside DeLoney : 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 Graves 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

X John Eluendo Pr Ellen Beauprelat
Print Name

5201-A Rolfe Rd
Address

San Diego CA 92123
City Zip Code

X 858 694 3500
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18436

REG-104 (3-04) *This information is available in alternative formats upon request.*

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 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 | 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 Fee 2 @ 50 each | 100.00 |
| Sales taxes | 32.40 |
| Total Due | 2578.03 |
| Paid receipt number R-57466 | 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 Mud

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 ~~75 Vault~~ 00 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 231 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 | ~~21.24 PA~~ |
| Total Due | 2250.40 | ~~1448.24 PA~~ |
| Paid receipt number | R 594466 | 2250.40 |
| Balance due | | 0 |

PAID

APR 21 2004

MOUNT HOPE CEMETERY

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

Lucy Arteaga

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

Mdtrury 2 pay

Signature

Pam

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 | | Vacant | |
| | | | | | | |
| | | | | | | |

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<br>406 N FIRMIN ST.<br>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.<br>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 | 04/22/2004 | SELENE CHAVEZ 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<br>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<br>MOUNT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA. 92102 | 11B. DATE BURIED<br>4/23/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>M Sandoval | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 _____

See attached

City _____ 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 Cnpt. (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 | |
| 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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18439

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

Flag

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<br>436 San Alberto Way<br>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<br>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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>B. Campbell | 2407781 ▶ |

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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4/27/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 — 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413 — |
| Burial Container | 0 |
| Handling Fees | 0 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fee | 50 — |
| Sales taxes | 0 |
| Total Due | 463. — |
| Paid receipt number R 57479 | 463 — |
| Balance due | 0 |

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<br>2421 L. AVE.<br>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<br>SAN DIEGO CA 92102 | FD 843 | ▶ [illegible] | 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<br>K JONES | 2407773<br>▶ |

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<br>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<br>MT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>4/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>— | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>— | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>— | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>— | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Duncanson | Hunday | | |
| | Johnson | Guerrera | X | | Edwards | |
| | | Free | Blair | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 4/30

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 26 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 Fee | 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

x 619 262 1202
Telephone

Invoice # _____

Work Order # E 18442

Acct. # _____

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 in 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<br>236 PONDEROSA RD.<br>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<br>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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>5-5-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>SOUTHERN CALIFORNIA CREMATORY 601-D<br>CRANE ST. LAKE ELSINORE, CA 92530 | 12B. DATE CREMATED<br>[illegible] | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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. TORRY

*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 |
| Total Due | E-18257 | 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: 3031 Dardania Drive

City: San Diego CA Zip Code: 92139

Telephone: 619-479-5878

Invoice #

Acct. #

Paulette

Work Order # E 18443

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. Sanderson 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<br>3031 DARDAINA DRIVE<br>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<br>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<br>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<br>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<br>MT. HOPE KEMETERY<br>3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED<br>4/28/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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-416048 | — |
| 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

Paulette

Work Order # E 18444

Print Name

Address

City Zip Code

Telephone

Invoice #

Acct. #

See attached copy of pre need contract

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 # _____

Work Order # E 18431

Acct. # _____

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 | | | |
| | | | | Bookor | | |

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<br>1167 25TH ST. #302<br>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<br>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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>K JONES | 2407881<br>▶ |

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<br>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<br>MT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>4/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 10:00

Church, Chapel, Graveside Witness : 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 77 Grave 2

| | | |
|---|---|---|
| Grave space & Care Fund | E-17275 | 0 |
| Overtime/Late Arrival Fees | | |
| Opening/Closing & Setup | E-17875 | 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 Forge

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Sicosi | | | |
| | | | Beverly | | | |
| | | | X | | | |
| | | | | Laura Davis | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4/27/04

Interment space for: Sarah Fox

Interment Date: 4/29/04 Time: 11:30 Witness

Div: 12 Sect: 2 Blk/Row: ____ Lot: 77 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: C Davis 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<br>4055 #3 ARIZONA ST.<br>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<br>7441 UNIVERSITY AVE.<br>SAN DIEGO, CA 92104 | FD-1575 | ▶ Joseph 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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>J. LEMON JR. | ▶ Jerome L. Lemon MD |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 7600 RCHD<br>RIVERSIDE, CA 92513 | P.O. BOX 85222<br>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<br>MT. HOPE CEMETERY<br>3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ M. Pentzmacher | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 |
| Paid receipt number | |
| Balance due | |

MORT TO PAY

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

I hereby authorize the interment in lot L hold under deed

X Yvonne Taylor
Signature

Yvonne Taylor
Print name
3121 38th St.
Address
S.D., CA 92105
City State Zip Code
619.563.6234
Telephone

Rivette

Invoice # 

Work Order # E 18446

Acct. # 

PSA-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<br>3121 38TH ST.<br>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<br>2441 UNIVERSITY AVE.<br>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<br>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<br>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<br>MT. HOPE CEMETERY<br>3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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

04-27-04P12:07 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 _____ ; 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 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 |

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.

R57485 33.20

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

Signature

Print Name: Sheila Jones

Address: 4497 Winona St

City: San Diego Zip Code: 92116

Telephone: 619 255-3767

Invoice # _____

Work Order # E 18447

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 18445

# 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 | | | |
| | | Farrell Hered | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Pain Date: 4/27

Interment space for: Dane Chapman

Interment Date: Thurs 4/29 Time: 12:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 242 Gr: 2

Grave Laid out by: Norman Fe[illegible]

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

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] 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<br>4447 ILLINOIS ST.<br>SAN DIEGO, CA 92116 |

| 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.<br>NATIONAL CITY, CALIFORNIA 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 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 |
|---|---|---|---|
| | | ▶ Victoria Mitchell | 04/28/2004 |

| PERMIT<br>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.<br>NOTE: THIS PERMIT GIVES NO 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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>4/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ M. Gunderson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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

04-28-04A10:30 RCVD

Date

227738

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

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 mc | 496.— |
| Balance due | 0 |

PAID

APR 2 8 2004

MOUNT HOPE CEMETERY

I hereby certify I am the A 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

Print Name: A Vivian Dunhaney

Address: A 3864 Putney Rd

City: A Poway Ca. Zip Code: 92064

Telephone: A 858-354-8823

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | LBW | X | URN IN LEFT SIDE OF GRAVE | | |
| | | | | | | |
| | | | | | | |

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.<br>421 EAST MISSION AVENUE<br>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<br>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<br>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<br>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<br>MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-30-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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 ..... -0-

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 -0-

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<br>4266 Arguello Street<br>San Diego, CA 92103 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE |
|---|---|
| San Diego Cremation Service<br>4133-9 Taylor Street; San Diego, CA 92110 | FD1481 |

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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: 04/23/2004

**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 | 04/23/2004<br>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<br>San Bernardino, CA 92415-0010 | P.O. Box 85222<br>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<br>Mount Hope Cemetery; 3751 Market Street; San Diego, CA 92102 | 11B. DATE BURIED<br>5-04-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>Southern CA Crematory; 601D Crane Street Lake Elsinore, CA 92530 | 12B. DATE CREMATED<br>04/26/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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 |

$183.00

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 227731 (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

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

E18450

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 |

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 90786, SD CA 92190

Two Hundred twenty-Six and 65/100 Dollars ($ 226.65 )

in Full Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 141 Grave 8

Invoice No. E-1450

Acct. No.

W.O.

BALANCE DUE 0

H 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 |

F 18450

MoneyGram. Money Orders — INTERNATIONAL MONEY ORDER

02/12/2007

4985518352

(#435621)

PAY TO THE ORDER OF / PAGAR A LA ORDEN DE: MT. HOPE CEMETERY

MONEY ORDER — PAY ONLY THE AMOUNT

$ 226.65 DLRS

TWO HUNDRED **** TWENTY-SIX AND 65/100 DOLLARS 65 CENTS

ADDRESS: P.O. BOX 90786, S.D. CA 92190

DIRECTIONS: Payable through Citibank State Bank of Cleveland City, Rocky City, MN

ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

4985518352 ⑆ 021000089 ⑈ 5518352⑈ 90

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 900960, 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**

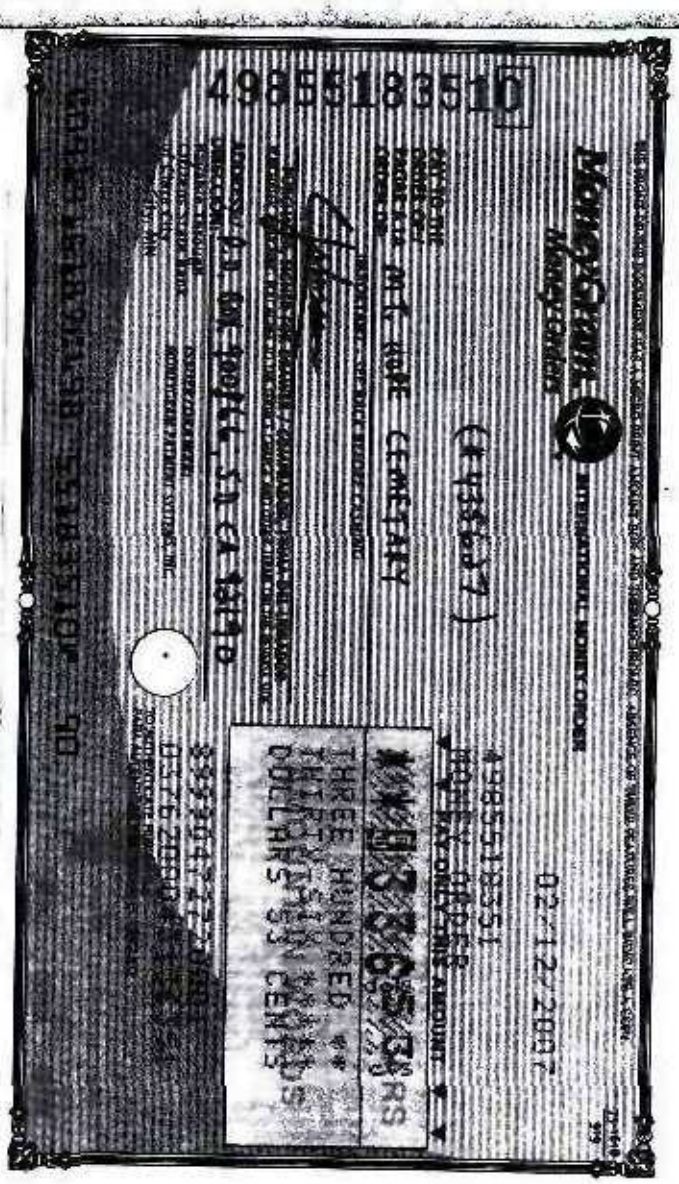
FEB 12 2007

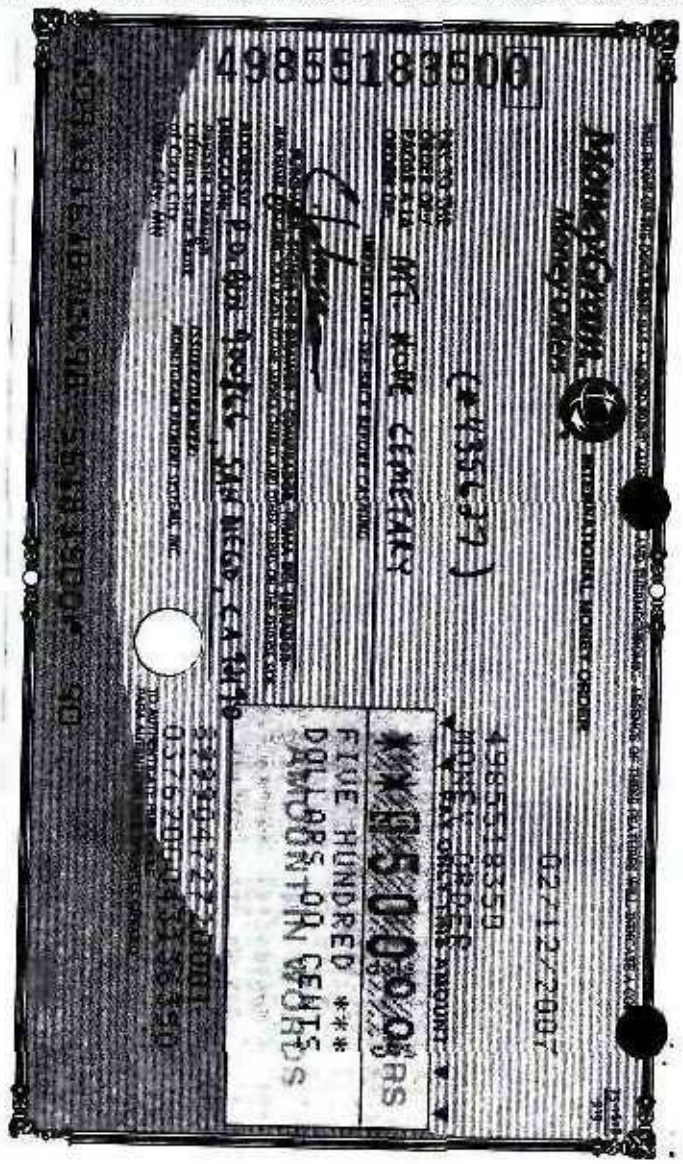
**MOUNT HOPE CEMETERY**

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.



THIS FRONT OF THE DOCUMENT HAS A MICRO PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

MoneyGram. INTERNATIONAL MONEY ORDER
Money orders

02/12/2007

4195 5183 54

(#35626)

*2855183 54*
MONEY ORDER
PAY ONLY THIS AMOUNT

PAY TO THE ORDER OF: MT. HOPE CEMETARY

$ 281.07

TWO HUNDRED **** EIGHTY-ONE WORDS DOLLARS 07 CENTS

PURCHASER: P.O. BOX 100866, S.D. CA 92190

DIRECTIONS: PAYABLE THROUGH CITIZENS STATE BANK of Clay City, Illinois

ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

03/26/2007

MERCHANT COPY

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 100866, 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

# 4195 5183 54

☒ 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.

$ 10450

(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 2 cont 2 June thru much 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



ACR051 CUSTOMER ACCOUNT-OPEN & PAID INVOICES

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 2005

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 April Thru Oct 2005

Div 12 Sec 2 Blk/Row Lot 141 Grave 8

Invoice No. E-18450

Acct. No.

W.O.

BALANCE DUE $183.00

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

Pre-need Trust ( ) Cash ( ) Check (✓) 947485598

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

CHARLES J. JOHNSON JR.
Print Name

C. Johnson
Signature

5580 LA JOLLA BLVD. #352
Street Address (Mail)

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 for 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 .....

PAID

APR 29 2004

MOUNT HOPE CEMETERY

Total Due ..... 1970.00

CDL A0740901 5-2-05

Paid receipt number Paid by M/C ..... 1970.00

Balance due 0

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

I hereby authorize the interment in lot I 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 Pastor of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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

Agrees with Map: ☒ Yes ☐ No

flag on grave

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<br>2003 54TH ST.<br>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<br>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<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>5-04-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Harvey L. Fambro | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 ..... Usa Card PC | ~~963.31~~ |
| Paid receipt number Credit Card | 1112.31 |
| Balance due | ∅ |

PAID

MAY 05 2004

MOUNT HOPE CEMETERY

963.31
149.00
1112.31

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.*

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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: [illegible] 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 | 2408265 M. Dominguez ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 Yol 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.

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

Signature

227739

Ronald E. Fellows
Print Name

2014 Siegle Drive
Address

Lemon Grove 91945
City Zip Code

619-465-3841
Telephone 619-463-2955

Paulette

Work Order # E 18455

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

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E18455

CHARACTER OF SEPARATION: HONORABLE

# REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: SAY

**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. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: Entertainment Specialist C-97.81 17
7. EFFECTIVE DATE OF SEPARATION — DAY: 17 MONTH: March YEAR: 50
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 Sam 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 OF 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. VA 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):
49. MAJOR COURSE OR FIELD: Academic
50. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): See #20
51. 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 - 56606 | 0 |
| Overtime/Late Arrival Fees ..... | — |
| Opening/Closing & Setup ..... No. 15264 | 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 +
TGK 21.31 +

004

550.31 *

63.00 -

001

63.00 - *

0.0

138 550/50

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 - 56606 | 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 - 078068

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

E 18456

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.E.

One hundred fifty three & 00/100 DOLLARS ($ 153.00)

IN full PAYMENT OF Re-open opening/closing and Cement burial liner charges

LOT 3245 GRAVE — ROW — SECTION — DIVISION ~~BLOCK~~ 10

INVOICE NO. CASH

W.O. C-5661

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED IN THIS SPACE

PAID
JUN. 29 1972
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY R. R. Phillips

| | | | |
|---|---|---|---|
| CREDIT | 306 | | |
| SALES CARL | 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 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 7575 Church St L.J.

one hundred fifty three & 00/100 DOLLARS ($ 153.00)

IN full PAYMENT OF Prepaid opening/closing and Crematory burial liner charges

LOT 3245 GRAVE — ROW — SECTION — DIVISION ~~BLOCK~~ 10

INVOICE NO. C4534

W.O. C-5667

UNPAID BALANCE AFTER THIS PAYMENT R

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 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

625.31

4/29 Donna from Conrad mort. will be mailing me a check for ~~$487.31~~ 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 | 138.00 |
| 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 | |
| | Green | | | | | |
| | | | | | | |

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<br>4184 Iowa Street<br>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<br>5050 Federal Blvd.<br>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<br>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<br>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<br>Mt. Hope Cemetery<br>3751 Market Street; San Diego, CA 92102 | 11B. DATE BURIED<br>5/6/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 | Gibson | | |
| | Kenney | Smith | X | Lamberson | Jenkins | |
| | | | Sigliotti | | | |
| | | | | | | |

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<br>7950 WEST FLAMINGO RD. #1055<br>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<br>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<br>K JONES | 2408635<br>▶ |

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<br>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<br>MT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>5-10-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 | — |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup E-10891 | — |
| Burial Container " | — |
| Handling Fees " | — |
| Flower vases – Marker setting fee R-57520 " | — |
| Recording/F " | — |
| Sales taxes " | — |
| Total Due | — |
| Paid receipt number | — |
| E-10891 Balance due | — |

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) 274-6688
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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | ISBELL | | STREET WILLIAM | EFFIE | |
| | 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<br>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<br>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<br>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<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>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 | — |
| 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

Hdlr's 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.

MOUNT HOPE CEMETERY

134163

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

Adelle O. Stevens (Signature)

Print Name: ADELLE O. STEVENS

Address: 3568 OCEAN VIEW BL.

City: SAN DIEGO, CA 92113 Zip Code

Telephone: (619) 234-6914

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

7/24/2016/3 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- | ∅ |

**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-18460

Acct. No.

W.O.

BALANCE DUE $376.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

MO 87-3553988

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 259 Grave 1

Invoice No. E-18460

Acct. No.

W.O.

BALANCE DUE $ 624.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

57-17460558

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN BLUE INK

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 X Cash ☐ Check X

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

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

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

**PAID**

JUN - 2 2005

MOUNT HOPE CEMETERY

ISSUED BY 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.— |

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 | |
| Trust | 77186 | 93.— |
| 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 [X]

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 | 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.*

Af
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 : Funeral Home 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

E 18461

# 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 | |
| | | Lieutenant | Felton | | | |
| | | | 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

Flag on grave

Blind Check & Verified By: M. Rustemeyer Date: 5/24/14

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 |
|---|---|---|
| EL CAJON | SAN DIEGO | MERLIN TRUDO - SON<br>12133 ROCKCREST ROAD, #5<br>LAKESIDE, CA 92040 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| NATIONAL CREMATION SERVICES - 645 "H" STREET<br>SUITE #J, CHULA VISTA, CA 91910 | FD 1707 | ▶ Nia Good | 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 | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $13.00 | NIA GOOD<br>05/10/2004 | 2408640 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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
- [ ] 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<br>MOUNT HOPE CEMETERY - 3751<br>MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5-24-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>GREENWOOD CREMATORY I-805<br>& IMPERIAL AVENUE, SAN DIEGO, CA 92102 | 12B. DATE CREMATED<br>05-17-2004 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [illegible] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 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 BS Vault (Type of Burial Container) Funeral, date, time Thurs 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | [illegible] | | | |
| | Sutka | Jones Soto | X | | | |
| | | [illegible] | | | | |
| | | | | | | |

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: 5-10-11

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<br>214 Sierra Way<br>Chula Visat, 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 |
|---|---|---|---|
| Community Mortuary 855 Broadway<br>Chula Vista, CA 91911 | FD1682 | ▶ Debra Humphry | 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 | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT * |
|---|---|---|
| $13.00 | 05/11/2004<br>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<br>Dept. of Vital Records P.O. Box 85222<br>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<br>Mt. Hope Cemetery 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>5.11.04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ R. G. Burns | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY 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 | 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-57542 | 848.20 |
| Balance due | 0 |

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 _____

Pautotte

Print Name _____

Address See Attached

City _____ Zip Code

Telephone _____

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 Lien (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)

X June Davis (Print Name)
X 101 S. 58th St. (Address)
X San Diego Ca 92114 (City, Zip Code)
X 619-262-6874 (Telephone)

Paulette

Work Order # E 18463

Invoice # _____

Acct. # _____

RCA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

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: DARREL Date: 5-12-04

waive setting fee -
install trio 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<br>101 S 58TH STREET<br>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<br>2200 HIGHLAND AVE. NATIONAL CITY CA 91950 | FD-1689 | ▶ [signature] | 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<br>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<br>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<br>MT HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED<br>5-14-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 Fr 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.*

Printed on recycled paper

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 18464

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

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OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59430

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

Date: 8/4, 20 05

From: Farris D. Davidson Address:

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 $81.00 - $154.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 13666

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

PAID

AUG 03 2005

MOUNT HOPE CEMETERY

ISSUED BY Fernwood

| | | | |
|---|---|---|---|
| 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

59126

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 31 2005~~
SEP - 1 2005
MOUNT HOPE CEMETERY
MOUNT HOPE CEMETERY

ISSUED BY pdaugard

| | | |
|---|---|---|
| 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

59030

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

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 | |
| | 78390 | |
| 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: on record

Forty-Nine Dollars ($ 49 —)

in part Payment of Preneed 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-18238

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 | 31.00 |
| 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 | 77188 | |
| 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

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

**PAID**

NOV 15 2004

**MOUNT HOPE CEMETERY**

ISSUED BY M. Villegas

| | | | |
|---|---|---|---|
| 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 | 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

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

forty-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

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 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 | | |
| Trust | 77186 | 18 | — |
| 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

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

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

PAID

SEP 09 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 | 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
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

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

57885

Date: Aug 11, 20 04

From: Iris 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

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

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 | — |

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] |
| 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] |
| 8-4-05 | 59130 15 | | 18 — | 154.20 |
| 9-1-05 | 59226 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 C127 6555 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 | 6. 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 | 8A. SIGNATURE OF APPLICANT—FUNERAL DIRECTOR | 8B. DATE SIGNED |
|---|---|---|---|
| Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115 | FD-1083 | M. Dom[illegible] | 05/10/2004 |

AUTHORIZATION IN ADVANCE

**PERMIT**

AUTHORIZATION OF COUNTY 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 ORIGINAL CERTIFICATE TO ACCOMPANY 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 ITEMS)

- [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 AS APPLICABLE FOR

| | | | |
|---|---|---|---|
| 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 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 PORT OR SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. HONOR GUARD OF CREMATED REMAINS IF APPLICABLE |

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

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR — VS 9 (REV 8/81)

2408679

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) 527-3480 • 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 Commission Expires

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 | | Voetter | |
| | | | 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 Fierro Date: 5-17-04

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

05-11993-90935 Date PM 5/11/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Renfro 22783 2:00

in a Liner (Type of Burial Container) Funeral, date, time Monday May 17th

Church, Chapel, Graveside Delivery : Greenwood Mortuary. Gabriel

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 559 998 3918

will be applied and billed to undersigned.

Division 7 Section 4 Blk/Row Lot 98 Grave 68

| | |
|---|---|
| Grave space & Care Fund | A-4410 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | 50.00 |
| 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 ✓ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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

Del 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 PM 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 Rabney

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 A-4410 | Ø |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 786.20 |
| Paid receipt number Visa | 786.20 |
| Balance due | Ø |

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.

Signature

Print Name: Walter Renfro
Address: 5975 Main St
City: Springfield 97478
Zip Code
Telephone: 541 747-5830

Paulette

Work Order # E 18466

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Revised or reprinted upon

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<br>5975 MAIN ST.<br>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<br>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<br>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<br>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<br>MT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>5 17 04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>— | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>— | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>— | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>— | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Dunegny

in a IS 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~~ PH |
| 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

Pam

Print Name: Gwen Howell

Address: 7440 S. 49th #3

City: San Diego Zip Code: 92113

Telephone: 619-527-8369

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 | 02/28/1952 | 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 Walker

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, MD, MPH

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<br>Mt. Hope Cemetery<br>3751 Market St., San Diego, CA. 92102 | 11B. DATE BURIED<br>5-15-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>n/a | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>n/a | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>n/a | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>n/a | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 Funeral, date, time Mon. May 17th 11:00 AM

Type of Burial Container

Church, Chapel Graveside : Rosedale Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 92 Grave ~~2~~ 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 |
| | 963.31 |
| Paid receipt number R57552 | ~~1948.31~~ P.C. |
| Balance due | 0 |

PAID

MAY 17 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 "See Attached"

Address

City Zip Code

Telephone "

Invoice # _____

Acct. # _____

Pauletta

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: DARRELL 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<br>3030 L.Street<br>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<br>San Diego, CA 92102 | FD-1329 | ▶ [illegible] | 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<br>B. Campbell | 2409009<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>5-17-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 | ~~485.00~~ 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 ~~1948.31~~ | 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. Nordan 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 May 13, 2004 9:00 am

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. _____

Division 9 Section 1 Blk/Row _____ Lot 2163 Grave 1

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 .....

PAID

MAY 12 2004

MOUNT HOPE CEMETERY

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 See attached Zip Code

Telephone

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: Thurs. 5/13/04 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<br>12607 SOUTH KOSH STREET<br>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<br>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<br>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<br>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<br>GREENWOOD CREMATORY I-805<br>& 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<br>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

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

STATE FILE NUMBER

00769

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 |
|---|---|---|
| ▶ [signature] | 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 |
|---|---|---|
| ▶ [signature] | 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

Legal Owner / Reprehensive Signature

WITNESS

Legal Owner / Reprehensive Signature

Paulette Crawford
CEMETERY REPREHENSIVE NAME

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(S) | RELATIONSHIP TO DECEDENT |
|---|---|
| [signature] | FATHER |
| [signature] | MOTHER |
| | |

LORENA CONTRERAS
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)

WITNESSED BY

5/10/04
DATE

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 PO 2nd (Type of Burial Container) Funeral, date, time Sat 5/15 10:00

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 ~~0~~

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

Paid receipt number R-57547 1123

Balance due 0

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. Barrera

Signature

X Victor M. Barrera

Print Name

X

Address

X 3752 33 ST. #3 92104

Zip Code

City

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

E18470
39

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| 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<br>3752 33RD ST #3<br>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<br>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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>L CASTRO | 2409015<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>5-15-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Policy

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Pulham | | | | | |
| | | | X | | | |
| | | Elvain | Mishak | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 5/

Interment space for: Margaret Smith

Interment Date: Jun 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: DARREL Date: 5-18-09

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<br>7137 Waite Drive<br>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<br>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<br>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<br>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<br>Mt. Hope Cemetery, 4751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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

Approved

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

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 (Type of Burial Container) Funeral, date, time Tues May 25

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

Print Name Sheila A. Wilbur

Address 2444 University Ave

City SD Zip Code 92104

Telephone 619 692 3040

Invoice # _____

Acct. # _____

Work Order # E 18472

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: 5/24/014

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<br>1624 CANYON RD. #98<br>SPRING VALLEY, CA 91977 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| SAN DIEGO MEMORIAL CHAPEL<br>2441 UNIVERSITY AVE.<br>SAN DIEGO, CA 92104 | FD-1575 |

| 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 |
|---|---|---|---|
| | | ▶ Joseph Lemon Jr. | 05/25/2004 |

**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 | 05/25/2004 | 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<br>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<br>MT. HOPE CEMETERY 1<br>3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>SOUTHERN CALIFORNIA CREMATORY<br>601-D CRANE ST.<br>LAKE ELSINORE, CA 92530 | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY 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 | 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<br>1624 CANYON RD. #98<br>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<br>2441 UNIVERSITY AVE.<br>SAN DIEGO, CA 92104 | FD-1575 | ▶ Joseph Lemon Jr | 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 | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $13.00 | 05/07/2004<br>J. LEMON JR. | ▶ 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<br>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<br>MT. HOPE CEMETERY<br>3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5-25-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Morgan Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>SOUTHERN CALIFORNIA CREMATORY<br>601-D CRANE ST.<br>LAKE ELSINORE, CA 92530 | 12B. DATE CREMATED<br>5-13-04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 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 RA

top center

Date 5/14/04

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 9/88

Church, Chapel, Graveside Delivery Fowler-Bernardo DaVIP 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 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) DEVIP

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

Division 12 Section 1 Blk/Row ____ Lot 159 Grave 8

| | |
|---|---|
| Grave space & Care Fund E-9167 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 160.00 |
| Burial Container | 60.00 |
| Handling Fees | 66.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 5.00 |
| Sales taxes | 4.73 |
| Total Due | 297.73 |
| Paid receipt number | |
| Balance due | |

for 564-448-4001
858-748-4101

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 to be held undersigned.

(X) Catherine Bullard
Signature

CATHERINE BULLARD
Print Name
1026 Judd St.
Address
Ft. Worth, TX 76104
City, State, Zip Code
(817) 926-7319
Telephone

Paulette
Work Order # E 18473

Invoice # ____
Acct. # ____

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 Navarro 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<br>5201 A Ruffin Rd.<br>San Diego, CA 92123 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE |
|---|---|
| Poway Bernardo Mortuary<br>13243 Poway Road, Poway, CA 92064 | FD-1195 |

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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: 05/25/2004

**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 | 05/25/2004<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>5/28/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kenneth Collins | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>Southern California Crematory, 601 "D" Crane St., Lake Elsinore, CA 92530 | 12B. DATE CREMATED<br>05/25/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 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 22T194

in a [redacted] Type of Burial Container Funeral, date, time Fri 5/21 1:00

Church, Chapel, Graveside SD Memorial Mortuary. 1092 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

Print Name: x Jennifer Sudberth
Address: x 928 Britain St.
City: x San Diego Zip Code: 92114
Telephone: x 619 698-3312

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 | | | |
| | | Loenberg | 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 in 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 | 05/13/2004 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| LA MESA | SAN DIEGO | JENNIFER SUDDERTH-DAUGHTER<br>928 BRITAIN ST.<br>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<br>2441 UNIVERSITY AVE.<br>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 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 | 05/19/2004<br>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<br>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<br>MT. HOPE CEMETERY<br>3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5-21-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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.

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

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 SH RUBIN

05-17-04A11:27 PATU Date 05-17-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MURRAY HOLLOWAY SR

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. or 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
1285 No Broadway #114
Address
Escondido, CA 92026
City, State, Zip Code
(760) 741-8640
Telephone

Poulette

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 ~~X~~ 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

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)<br>1255 N. BROADWAY #114<br>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<br>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<br>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<br>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<br>MOUNT HOPE CEMETERY<br>3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5-19-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kurt F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>OCEANVIEW CREMATORY<br>1625 GISLER AVE, COSTA MESA, CA 92626 | 12B. DATE CREMATED<br>MAY 1 2 2004 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [illegible] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 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 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

Print Name: Christine A. Oakes
Address: 208 BENFIELD Road
City: SEVERNA PARK, MD Zip Code: 21146
Telephone: 410-647-3358

Paulette

Work Order # E 18476

Invoice # _____

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: [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<br>208 Benfield Road<br>Severna Park, MD 21146 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Community Mortuary 855 Broadway<br>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 1005.55 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: ▶ Robert Humphrey — 8B. DATE SIGNED: 05/17/2004

**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 | 05/17/2004<br>D. Humphrey | 2409064 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>Dept. of Vital Records P.O. Box 85222<br>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<br>Mt. Hope Cemetery 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>5-20-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>Cremation Services, Inc.<br>2570 Fortune Way Vista, CA 92083 | 12B. DATE CREMATED<br>5/18/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ S. Schock | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 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 Chapel 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.

X _____

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 # _____

Acct. # _____

Work Order # E 18477

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Ralph | 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

please on grave

Blind Check & Verified By: [signature] Date: 5/19/07

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<br>852 AVENIDA RICARDO<br>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<br>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<br>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<br>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<br>MT HOPE CEMETERY<br>3761 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED<br>5-22-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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
05-19-04P12:51 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 929 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 ..... 985 gift to 2020 | 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: Pam

Print Name: Donald E Bell

Address: 8 Donald E Bell

City: 8371 Kay Mac Dr. 92114 Zip Code

Telephone: 619-262-1249

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<br>4465 ROSEBUD LANE #2<br>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<br>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 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 | 05/19/2004<br>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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>5/20/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ M. Funtermacher | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 _____

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18479

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 | | Redbeck | Jenkins | | |
| | | Graham | X | | Mendoza | |
| | | Thornton | | | | |
| | | | | | | |

Blind Check Initiated By: [illegible] Date: 5/19

Interment space for: Latearia 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<br>4219 ILLINOIS ST. #5<br>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<br>5880 EL CAJON BLVD., SAN DIEGO, CA 92115 | FD-1357 | ▶ M. 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<br>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<br>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<br>MT. HOPE CEMETERY<br>3751 MARKET ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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/ Rosie 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 del Zip Code _____

Telephone E 184606

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<br>5975 MAIN ST.<br>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<br>SAN DIEGO CA 92102 | FD 843 | ▶ (C K [illegible] | 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<br>K JONES | 2409028<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>5-17-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>— | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>— | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>— | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>— | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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<br>6373 Twila Lane<br>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<br>San Diego, CA 92102 | FD-1329 | ▶ [signature] | 05/19/2004 |

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 | 05/20/2004<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>5-26-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Rup

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 Jern Swan X 227809 28th

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 Rt 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 5758 | 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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

05-20-04A09:56 Date BCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean 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 783 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 | 684.00 |
| 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 _____ hold under deed.

Signature

Pam

X James Fetsch PA
Print name

X Address

X City

X (858) 447 3522 Zip Code
Telephone

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. Oasis Cemetery 190 Cottonwood Dr. Paris, CA 92571

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, P.O. Box 1 Calle Adriano Ave. San Diego, CA 92138 (hereinafter referred to as the "funeral home") to take possession of and make arrangements for cremation of the remains of the deceased at Oasis Cemetery (hereinafter referred to as the "cemetery"). I/We authorize the cemetery 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 Cemetery 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: Sheesle Bronze Cube

____ Return to the Funeral Home

____ Deliver to (Name and Address of Company) ____

____ Release to Family (Designated family member name) ____

____ Scattering at sea by Funeral Home or Funeral Vessel upon ____

____ Ship Via Registered Mail 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/children 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 of all 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 the 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 cemetery and funeral home, and the following terms and conditions:

The remains of the Deceased will not be released for cremation until notice is received by the cemetery in a cremation, interment, right of cremation or cremation container and shall be labeled with the name of Funeral Home and the name of the deceased. The Company is authorized to remove all dentures of implies, ornaments and any other [illegible] prior to cremation. Mechanical or radioactive devices contained in the remains of the deceased (such as pacemakers, etc.) 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, or persons any such mechanical devices from the remains of the deceased prior to cremation and dispose of such items at (c) 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, dentures, jewelry, and other personal items 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 separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, jewelry, 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 funeral home will place the urn, container or other material in the cremation chamber. Some bone fragments are not combustible of the human [illegible] approximately 200 g, which remain in the cremation chamber. During the cremation, the remains of the deceased may be moved to facilitate fragmentation. The deceased is cremated in a cremation or other material, which disappears during each cremation, and the product of this disappearance is commingled with the cremated remains. Nearly all of the remains of the cremation chamber, including of the cremated remains, disappearing chamber material, and small amounts of residue from previous cremations, are removed together and cremated, processed, or ground to facilitate interment or scattering. These residue remains in the cremation chamber. Periodically, the accumulation of this residue is removed and located in a different crematory processing, or scattered at sea. The cremation processing of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs. In the event unclaimed 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 cremated 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 directed to dispose of the unclaimed cremated remains of the deceased in any lawful manner from time to time appropriate. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their officers, 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 remains of the Deceased, or unclaimed bones, or failure to accurately 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, statements 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: [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: [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

(02/00)

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: 5/20

Interment space for: Fern Swan ⊗

Interment Date: 5/25 Time: 2:15 AYD

Div: 8 Sect: 4 Blk/Row: ____ Lot: ~~[illegible]~~ 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<br>5201-A RUFFIN RD.<br>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 | ▶ | 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 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 | 05/13/2004<br>R.MARTINEZ | 2408855<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT.HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5-25-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>COUNTY CREM.192 COMMERCE DR., PERRIS, CA 92571 | 12B. DATE CREMATED<br>5/18/2004 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [illegible] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Sotter, 027797

in a lined Funeral, date, time Fri 5/21 1:00

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 12 Section 2 Blk/Row _____ Lot 134 Grave 12

Grave space & Care Fund ..... dig DIP ..... 985

Overtime/Late Arrival Fees ..... PAID ..... 413

Opening/Closing & Setup ..... 209

Burial Container ..... MAY 20 2004 ..... 160

Handling Fees ..... MOUNT HOPE CEMETERY ..... 50

Flower vases – Marker setting fee ..... 116.20

Recording/Filing/Transfer Fees ..... 1833.20

Sales taxes ..... 1833.20

Total Due .....

Paid receipt number R5569

Balance due 0

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

Work Order # E 18483

Invoice # _____

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<br>4777 A Street #5<br>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<br>3094 El Cajon Boulevard Ste. 4<br>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 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 | 05/19/2004<br>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<br>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<br>Mt. Hope Cemetery<br>3751 Market Street San Diego, Ca. 92102 | 11B. DATE BURIED<br>5/21/1 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 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-/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: 52404

E 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 | FD5/11/2004 | 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<br>921 BANOCK ST.<br>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<br>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<br>M. MITCHELL | 2409141<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT. HOPE CEMETERY<br>3751 MARKET ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5-24-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Dr

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 _____ : Ragpdale 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

Patt 3:13

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 Mary Katheryn Dexter
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<br>1152 Woodrow Avenue<br>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<br>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 14076 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<br>B. Campbell | 2409470<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>5-27-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. Jones | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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: [signature] Date: ____

DIP 2nd flag on grave

92 E19486

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF 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<br>2061 THELMA DR.<br>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.<br>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<br>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<br>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 A (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>5-27-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 278806

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. Pacific Cemetery~~ AYD Mortuary. DOW

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 setting | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 4.73 |
| 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
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.

X (See Attached)
Print Name

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

X
Signature

102 Painted Post Lane
Address

San Antonio 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

PT 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 Material Casket)

Funeral date time

Church Chapel Graveside Delivery only Pacific Mortuary

All Funeral cars must arrive before 1:00 p.m. of regular work day or an extra charge of $ Day will be applied and billed to undersigned

Division 8 Section 3 Blk/Row Lot 425 Grave 1

Grave space & Care Fund C-1871 0

Overtime/Late Arrival Fees —

Opening/Closing & Setup 116.00

Burial Container 61.00

Handling Fees 66.00

Flower vases – Marker setup —

Recording/Filing/Transfer Fees 50.00

Sales tax 4.73

Total Due 297.73

Paid receipt number 297.73

Balance due 0

PAID
MAY 24 2004
MOUNT HOPE CEMETERY

858-488-6553
FAX 858 453 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 / lots under deed.

X David E. Snyder
Signature

X David E. Snyder
102 Painted Post Lane
San Antonio TX 78231
City Zip Code

Paulette

Work Order # E 18487

Invoice #

Acct #

264 104 (9.04)

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 | Indseth | Indseth | |
| | | 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<br>102 PAINTED POST LANE<br>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.<br>SAN DIEGO, CA 92109 | FD-815 | ▶ Jeanette 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<br>T.TINSLEY | 2409443<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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<br>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<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5-25-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| 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<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY 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 214161

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 | — |
| 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 | — |

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

Paulette

X Howard W. Hempfling
Print Name

X GRAY NELSON
X 6460 CONVOY CT STE 201
Address

X San Diego CA 92117
City Zip Code

X (858) 279-9336
Telephone

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 | |
| | | | | | Dikeo | |
| | | | | | | |

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

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1020

| 1A. NAME OF 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<br>6460 CONVOY CT. #201<br>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<br>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<br>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<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>6-9-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>COUNTY CREM.192 COMMERCE DR., PERRIS,CA 92571 | 12B. DATE CREMATED<br>6-2 2004 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ Michael Ham | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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

05-24-04P12:07 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 18 Type of Burial Container Funeral, date, time Tues 6/1 11:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

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 VISA | 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

Print Name X VICTOR FULLER
Address X 5268 MANZANARES WAY
City X SAN DIEGO Ca. Zip Code 92114
Telephone X (619) 889-4807

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 | Tuu | | |
| | | | Mitchell | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 5/04

Interment space for: Betty Fuller

Interment Date: Tues 5/1 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: 5/26/04

F18489

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF 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<br>246 Hart Drive #1206<br>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.<br>San Diego, CA 92102 | FD-1329 | ▶ [illegible] | 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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>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<br>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<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>6-01-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATIO<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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

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 | 448 |
| 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<br>2470 C St. #26<br>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.<br>La Mesa, CA 91941 | Fd-1658 | Leah A Mata | 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 | Leah A. Mata<br>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<br>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<br>Mt. Hope Cemetery 3751 Market St.<br>San Diego, Ca 92102 | 11B. DATE BURIED<br>5-27-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>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 _____ 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 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.

Deanna
Signature

DEANNA KING
Print Name

3423 Carson St.
Address

San Diego CA 92117
City Zip Code

858-272-0162
Telephone

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 Lor Louise T Pegg 2/27/95

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 | 478.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases - Marker setting fee | 138.00 |
| Recording/Filing/Transfers | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1991.20 |
| Paid receipt number R-57585 | 498.00 |
| Balance due | 1479.20 |

PAID MAY 25 2004 MOUNT HOPE CEMETERY

R-57585

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.

DD6732 Print Name OPAL BLACKMAN

Signature Opal Blackman

Address PO BOX 82312

City SAN DIEGO CA Zip Code 92138

Telephone 619-696-6984

Paulette

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 SD. 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.*

286732

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 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.

Signature Pam

X Print Name See attached

X Address

X City Zip Code

X 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 Rest

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 Medrano 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 2:00 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 | 225 — |
| Handling Fees | 160 — |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 80 — |
| 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 Morano
Signature

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. # _____

MEA-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<br>4770 HOME AVE.<br>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.<br>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<br>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<br>MOUNT HOPE CEMETERY,3751 MARKET ST.<br>SAN DIEGO,CA.92102 | 11B. DATE BURIED<br>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 ..... Hold remains 116—

Burial Container ..... 298 from 297

Handling Fees ..... _____

Flower vases – Marker setting fees ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... 116—

Paid receipt number MC 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.

Print Name Mabel Lee

Address on file

City _____ Zip Code

Telephone _____

Signature

Invoice # _____

Work Order # E 18494

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 05-27-04A08:48 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 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 ALICE HALSTEAD
Print Name

X 43065 Quincy ct
Address

X Hemet CA 92544
City Zip Code

X 909-9278131
Telephone 619-2814867

Invoice # _____

Work Order # E 18495

Acct. # _____

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: June 6/1 Time: 1:00

Div: 8 Sect: 3 Blk/Row: ____ Lot: 356 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<br>43065 QUINCY CT.<br>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<br>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 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $13.00 | 05/28/2004 | ▶ 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<br>RIVERSIDE CA 92513 | PO BOX 85222<br>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<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>6-1-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>— | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>— | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>— | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>— | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 Auel

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 Allen 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 | 225 — |
| Handling Fees | 224 — |
| 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 Butcher

VOID 18495

See 18496

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 _____

Print Name _____

Address _____

City _____ Zip Code _____

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 Featherwill 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)

Work Order # E 18497

Invoice # _____

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)<br>1901 Via Las Palmas #2A<br>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.<br>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<br>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<br>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<br>Mt. Hope Cemetery: 3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>5/27/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY 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 SPACKELTON~~

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 Linen (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.57393 | 408.87 |
| Balance due | 0 |

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 320 S. Mollison Ave Apt #d
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 5-28-08

Blind Check & Verified By: [illegible] Date: 5-28-08

E 18498
Ano

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF 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<br>520 S. MOLLISON AVE., APT #61<br>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,<br>EL CAJON, CA 92021 | FD-1709 | ▶ Thm C. Mitch | 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.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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<br>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<br>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<br>MT. HOPE CEMETERY, 3751 MARKET ST.,<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5/28/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 2 IS RETAINED BY THE 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 | Redfield | Jenkins | |
| | | | Graham | | | |
| | | | | | | |

Blind Check Initiated By: ~~5/26/04~~ Paulette Date: 5/26/04

Interment space for: Arcltie 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 Bueno 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 SON 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

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

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<br>MT HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED<br>6-1-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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