MT. HOPE CEMETERY

INTERMENT ORDER

11	7 City of	San Diego		1199227 - 12	1000
There is chair	56.		Date _	9-	16-04
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You are hereby authorized and in				ons, to int	er the remains
of Will	liam N	lurra	1 00	1000	<u> </u>
in a Liner Type of Burial Contamer	Fu	neral, date, ti	me Thur.	s Sept	.23 1.00
Church, Chapel Graveside		85:1	Sand !	4 11	Hickortuary.
All Funeral cars must arrive befo	ore 3:00 p.m. of r	egular work o	lay or an extra	- Robe	15 165.00
will be applied and billed to unde	ersigned.		-0		_ ہے _
			29	్డు	ره
Division Section _	2 BIK/R	ow	LOLO	Grav	29
Grave space & Care Fund	************	·····			875.00
Overtime/Late Arrival Fees	***************************************				
Opening/Closing & Setup					413.00
Burial Container	10	7			209.00
Handling Fees	PAII				160 (1)
Flower vases – Marker setting fe	earn 16 1	THE PERSON NAMED IN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100
Recording/Filing/Transfer Fees	3500 (ATTOMIC MARCON FORD)	.004			50.00
Sales taxes	NT HOPE	CEMETE	RY		16.20
MOU MOU	MI HOPE	OMM	Total Due		1723.20
109 min	Paid race	eint number	R-580		1723.20
Course Do.	r ala teo	oipi number ,		lance due	0
hereby certify I am the	uster		200		amed decedent
and this is your authority to make that I have the right to make this	ke disposition of	remains as a	bove indicate	d I certif	v and represent
any liability on account of said at	uthorization and	interment.	ioid Mil. 1 lupe	Centerer	y maximess nom
heteby authorize the interment	in lat1	ille 1.	sae Y	Lurr	and
bold under deed		Pagerhame	e Tay		Ave.
Mellan Piller	nax	Garage CO IA	Dan	The C	n 02/03
Signariie	()	9" 010	219/	Fire it	Zip Code
2. wette		Telephone	011-6	TOP	1100
aule		42.00			
100 / F 1870	0	Invoice #			
Work Order # E .1070	710,002VI	Acct. #			

MT HOPE CEMETERY E- 18700

GRAVE BLIND CHECK FORM

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	MUET	TRE		9	
	feel	x		1	AVEN.
		Rice			
Blind Check	Initiated By:	Paul	ette	Date:	9 bolo
	ace for: Will				1000
internient spa	te: <u>9-23-2</u>	W -	uvray	100	
Interment Da	te: <u>7-00°C</u>	11	ime:	20	0
	Sect: 2 B		2	<u> </u>	r: _ O
Grave Laid o	ut by: Moz	nen-t	enter	~	
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	/	11/	1 1	- 0	97004
Blind Check	& Verified By:	X / K	2	Date:	, – (
		V			

Mount Hope Cemetery 3751 MARKET STREET 5AN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

YOUR ORDER NO. 09-28-2004 E-18700 Della Murray TO: 3338 Imperial ave. San Diego CA 92102 DESCRIPTION OF CHARGE AMOUNT

Late arrival fee for the William Murray service. Arrival time was 3:09. Due 10 days from receipt.

total

\$165.00

 \mathcal{E} – 18700 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MAK	E NO ERASURES, WI	IITEOUTS OR OT	THER ALT	ERATIONS		(3)	_	
14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		1.00	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX				
	WILLIAM		HOWARD TAFT	MURRAY			07/31/1972 09/13/2004 M				
		DORESS OF CALIFORNI	A - FUNERAL DIRECTOR OR PERSON A	CTING AS SUCH 7B. CALIF.	DIEGO	6. NAME, F OF INFO DELLA 3338		MAILING A MOTHEI VE	DDRESS AND	ZIP CODE	
	607 NATION	AL CITY BL	VD NATIONAL CITY O	A 91950 PE	284	BA SIGNAT	TURE OF APPLICANT	Person taking pr	emit 88. DATE	SIGNED	
	ACKNOWLEDGENENT OF A		owiedge as applicant that the proposed disposition stated and Safety Code, and was authorized pursuant to Section.			JEJ.	his to	-las	09/1	/2004	
	PERMIT	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS SPECIFIED IN THIS PERMIT. I RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT I	004	2416032	AL REGISTRA	AR ISSUING PE	T.	
5		VITAL RECO	The state of the s	IF DISF	ESS OF REGISTRAR O POSITION IS TO OCCUR!		OF DISPOSITION — DISTRICT IN CALIFORNIA	ž			
	A BURIAL (INCLUDE: A CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS CO	DRESS OF CALIFORNIA CEMETER	E. TEMPORARY ENVALUEM] F. DISINTERMENT] G. SHIP IN TO CALIFORNIA] D. TRANISIT TO OUTSIDE O	7 1) 11C.	Name and Address	•)	ve i pyrado c et vesi		
	BURIAL	3751 MARKE	CEMETERY T ST SAN DIEGO CA	92102	1-23 0	1.	Kur I	- 4	min		
APPLICABLE ITEMS	CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA CREMATO	RY.	12B. DATE CREMA	ITED 12Ĉ.	SIGNATURE OF PER	RSOM N CH	ARGE OF CE	REMATION	
ALL APPLICAL	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	13B, DATE RECEIV	/ED 13C	SIGNATURE OF PER	ISON IN CH	HARGE OF FA	CILITY	
COMPLETE /	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPPE	ED 14C.	ADDRESS AND SIGN OF PLACING WITH T			CĤARGE	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAD EA, ONLY ENTER LATITUDE AND LO	STRICT OF DISPOSITION.	15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		15D LICENSE CREMATED RI POSER — IF A	EMAINS DIS-	

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

Ar Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9 17/04

You are hereby authorized and instruct of BODI/ Res. BI	red, subject to your rules and regulations, to inte	er the remains
ina Liner	Fuperal, date, time Thurs Sep	- 10
		Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of	\$ MUL
will be applied and billed to undersigne	d,	<u> </u>
	Blk/Row Lol55_ Grave	3
Grave space & Care Fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	76500
Overtime/Late Arrival Fees		
Opening/Closing & Setup	PAID	413.00
Burial Container		209.00
Handling Fees	SEP 2-3-2004	160.00
Flower vases - Marker setting lee		
Recording/Filing/Transfer Fees	MOUNT HOPE CEMETERY	50.00 16.20
0 - 1.	Pald receipt number 25043 Balance due	1833.2
I hereby certify I am the A and this is your authority to make disp that I have the right to make this author any liability on account of said authorize	of the above no osition of remains as above indicated. I certify rization and I agree to hold Mt. Hope Cemetery ation and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	X Print Name	
Dowlette PC.	X City Y Telephone	Zip Code
Paul 2001	Invoice #	
Work Order #	Acct. #	

Ar Need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

9/17/04

	The see heapty surpretuses and instrument, extrince for your rules and requisitoris, to lines gue remains of BODOU RES BUSH in a Lines Function, their 9-23-04 at 11 500 Arm	
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	Distant 12 Backer 1 Michigan Let 55 Grans 3	ł
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	Questional size Animal Felia	
	413.00	40
	209.00	ĺ
	Hending Free	ļ
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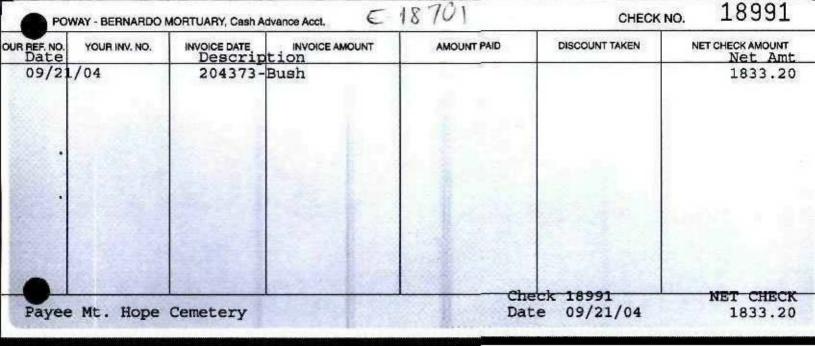
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MT HOPE CEMETERY 2 18701

GRAVE BLIND CHECK FORM

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Agrees v	vith Legal	Card: 0	Yes	ONO F	-g	
	vith Map:_		7.0	No	0	
Blind Ch	eck & Ver	ified By:	1/1	auco	Date:	1210



E - 18701APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A. NAME OF	DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	100-5000 1000	IC. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX		
	Bobby		R	ee	Bus	h		MONTH DAY YEAR MONTH DAY YEAR H				
5A, CITY OF D	San D	iego			ENTER STATE	ATH — OUTSIDE CALIF Can Diego	OF IN	E, RELATIONSHIP, FULL FORMANT	MAILING ADDRESS A	ND ZIP CODE		
7A, TYPED NAM	POWAY		Mortuary		ACTING AS SUCH 78. C		25 Roc	Henion St. Henion St. Chester, MT NATURE OF APPLICANT	14611	KTE SÍGNED		
ACKHOWLEDG	SEMENT OF A	PPLICANT I heroby active of the Health of	wiedge as applicant that and Salety Code, and we	I the proposed disposition states authorized pursuant to Sect	ted herein is one of the dispositio tion 7100 of the Health and Safet	ns authorized by Section 103055 y Code.	•	00	09/	21/2004		
PERMIT	ON OF	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH TY FOR THE DISPOSITION NOTE: THIS PERMIT GIVES NO	AND SAFETY CODE IN THIS	AND IS THE AUTHOR-	\$13.00	98. DATE PERMI 09/21/2 E. Vi	004	9C. SIGNATURE OF LOCA 2416182	AL REGISTRAR ISSUING	PERMIT		
ANY CHANGE IN D TION REQUIRES. PERMIT TO SHOW DISPOSITIO	DISPOSI- A NEW W FINAL		ed in California ox 85222	V.	•	DORESS OF REGISTRAF DISPOSITION IS TO OCCU		ER DISTRICT IN CALIFORNIA				
B. CREMA	TRON SITION OF N A CEMET	ITION(S) CHECK APPLICA S ENTOMEMENT) CREMATED REMAINS C TERY	20-12/01/05		E. TEMPORARY ENVAI F. DISINTERMENT G. SHIP IN TO CALIFO D. TRANSIT TO OUTSI	RNIA		I. DISPOSITION PI (Name and Address	ENDINĞ — REMAINS LÖ 8)	CATED AT		
BURI	IAL:	Mt. Hope C San Diego	Cemetery,	3751 Mar		9-23-0	22 10.55	C. SIGNATURE OF PER	SON IN CHARGE OF	BURIAL		
CREMA	TION	12A. NAME AND AD	DRESS OF CAL	IFORNIA CREMATO	PRY	12B, DATE CREA		C. SIGNATURE OF PER	BON IN CHARGE OF	CREMATION		
SCIENT USE		13A, NAME AND AD	ORESS OF CAL	IFORNIA FACILITY F	RECEIVING REMAINS	138. DATE RECE	IVED 13	C. SIGNATURE OF PER	ISON IN CHARGE OF	FACILITY		
TRANE	IBIT	14A, NAME AND AD REMAINS OF I		EIVING STATE OF C MAINS ARE TO BE S		14B. DATE SHIP	PED 14	IC. ADDRESS AND SIGN OF PLACING WITH T		IN CHARGE		
SCATTERING AT SEA DISPOSITION THAN IN A CO	A OR IN OTHER	SUFFICIENT TO	DENTIFY FINAL		OTHER DESCRIPTION ISTRICT OF DISPOSIT INGITUDE			C. SIGNATURE OF PER CHARGE OF DISPOS	SITION CREMATE	NSE NUMBER OF D REMAINS DIS- IF APPLICABLE		

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

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sept 10,64

You are hereby authorize	ed and instructed	d, subject	to your rules	and regulation	s to inter ti	ne remains
of@	pary t	da	Em	000	17/	
ina Lw	ديو	Fune	eral, date, tin	3hur	2-95	1010
Church, Chape, Gaves			-	dumph	Lever Cher	Mortuary.
All Funeral cars must ar	rive before 3:00	o.m. of re	gular work da	ay or an extra cl	harge 🕽 s	
will be applied and billed	d to undersigned.	-				
Division 12 s	ection	_ Blk/Ro	.	Lot_ 60	Grave_	
Grave space & Care Fu	nd				<u>C</u>	185
Overtime/Late Arrival Fe	965					
Overtime/Late Arrival Fe Opening/Closing & Setu	р		'AIL)	<u>.</u>	113
Burial Container						201
Handling Fees		SE	P 2 0 200	<u> </u>		100
Flower vases - Market	setting fee	·			*********	
Recording/Filing/Transfe	er FeesMO	UNT H	OPE CE	METERY		SO-
Sales taxes					l l	6-20
		25001000000		Total Due	18	33.20
	9	Yald sassi		0 5800	7 18	33.20
		and tecel	pt number _	Now		
	* FATH	1,-		Balan	ce due	
I hereby certify I am the and this is your authorit		-	emains as at	of the a	bove name	ed decedent
that I have the right to n any liability on account	nake this authoriz	ation and	I agree to hi	old Mt. Hope Co	emetery ha	rmless from
any national distribution in	54.6 461.1511245	on and in		1 . 0	121	S-854
I hereby authorize the in hold under deed.	Iterment in lot I		Print Name	AN D. 62 DUB	MYAT N	75
O.Z.O.	0-1-		150	62008	eis l	PR
Supristure	- Co		ISA.	VDi egg	OCA	92117
12.			28	8-2/2	3-62	1000 Coop
tun	50	*	Telephone			
	0700		Invoice #			
Work Order # E	8702		Acct. #			
REA-104 (3-04)	This in	formation	is available	in alternative i	formats up	on request.

O Printed on recycled paper

MT HOPE CEMETERY E-18702

GRAVE BLIND CHECK FORM

			Parker	Salas		
	Bopah	Adams	x	Culdwell		
		,		Belton		
Interment	t Date:	<i>سع</i> م BI	183	(Color: Lot:	10:0	D
	rith Legal (/			A.A.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

-	NAME OF DECEDE	NT FIRST IONES	1B. MIDDLE	A contract to the contract to		IEOU IS ON O	THER AL		La pare o	C DCITI	4. SEX
226	GARY	NI-FIRST (GIVEN)	ALAN	ADAMS	KE DUVE-HOSE		oesenead	2. DATE OF BIRTH	09/17	STATE OF THE PARTY	M
5/	CITY OF DEATH		•	5B. COUNTY OF I	DEATH -	OUTSIDE CALIF.		RELATIONSHIP, FULL FORMANT	MAILING AD	DRESS AND	ZIP CODE
	LA JOLLA			ENTERSTALE	SAN I	DIEGO		ADAMS (FATE	ER)		
74	HUMPHREY	CHULA VISTA	A-FUNERAL DIRECTOR OR PERSON: MORTUARY VISTA, CA 91910		- IF APPL	ICARLE	SAN D	DUBOIS DR. DIEGO, CA 92 ATURE OF APPLICANT		nt 88. DATE	SIGNED
	ACKNOWLEDGEMENT OF		owiedge as applicant that the proposed disposition sta and Salety Code, and was authorized pursuant to Sec			zed by Section 103065				09/22	
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE ALITHOR- N SPECIFIED IN THIS PERMIT. D RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	PAID	98. DATE PERMIT 09/22/20 SANDRA PI	104	9C SIGNATURE OF LOC 2416271	AL REGISTRAR	R ISSUING PE	AMIT
33	NY CHANGE IN DISPOSI- TION REQUIRES A NEW STRUCT TO SHOW FINAL	SAN DIEGO C	GISTRAR OF DISTRICT OF DEATH SO N CALIFORNIA BOX 85222 CA 92186-5222	— 9E				T OF DISPOSITION — R DISTRICT IN CALIFORNIA			
10	AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ABLE ITEMS	*				FOR C	ORONOR'S U	JSE ONLY	
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS (OTHER [E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF D. TRANSIT TO OUT	ORNIA			I. DISPOSITION P		MAINS LOCAT	ED AT
	BURIAL	MOUNT E	ODRESS OF CALIFORNIA CEMETER OPE CEMETERY LIKKET ST, SAN DIEGO		1	18. DATE BURIE 9-23-0		SIGNATURE OF PER	SON IN CHA	RGE OF BU	RIAL
ILE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY		2B. DATE CREM		Z. SIGNATURE OF PER	ASÓN IN CHA	HOE OF CH	ЕМА
IL APPLICAE	SCIENTIFIC USE	13A. NAME AND AD	ODRESS OF CALIFORNIA FACILITY	RECEIVING REMAIN	IS 1	38. DATE RECEI	VED 13	C. SIGNATURE OF PER	RSON IN CHA	ARGE OF FA	CILITY
COMPLETE	TRANSIT	5-17-0-217577777555557777555	ODRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE	TARREST AND THE PERSON OF THE	1	48, DATE SHIPP	ED 14	C. ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR D IDENTIFY FINAL PLACE AND CA D IEA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOS		5B. DATE OF DISPOSITION	E	C, SIGNATURE OF PER CHARGE OF DISPO	SITION	15D. LICENSE CREMATED RE POSER — IF A	MAINS DIS-

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

X-Far

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sept 20, of

Type of Buriel Conteiner	Funeral, date, ti	me	
Church, Chapel, Graveside	:		Mortuary
Il Funeral cars must arrive before 3:00 p.n	n, of regular work o	day or an extra charge of S	s
rill be applied and billed to undersigned.			
8 .2		2/2/2	1
Division Section	Blk/Row	_ Lot _2/3/4Grave	
irave space & Care Fund	DAI		
Vertime/Late Arrival Fees	ГЛІ	_	
pening/Closing & Setup	SEP 2 0 2	7004	
urial Container			
landling Fees	INT HOPE (PMETERY	
			0 B
ecording/Filing/Transfer Fees X full	from Ca	colyn	50.00
ales taxes		Siguen	٠. ٠٠٠
		Total Due	50W
Pai	d receipt number .	K 58028	50 00
		Balance due _	4
hereby certify I am the		of the above nar	ned decedent
nd this is your authority to make dispositi nat I have the right to make this authorizati ny liability on account of said authorization	on and I agree to I	above Indicated. I certify a hold Mt. Hope Cemetery I	and represent narmless from
hereby authorize the interment in lot I	11	codii E. Zan	ee
old under deed.	Print Name	METERY SERVICE	S Accou
and lufe	Y Pa	Box 2454	
	× 619	-579-9456	Zio Code
Tam	Telephone	J./-/136	7110.
4000	Invoice #		
□ 18703	000000000000000000000000000000000000000		

for s:installments of \$, the	first installment being payable on	20and
all subsequent installments on the same day of each consecutive	ve until paid in full.	
It is agreed that this contractual agreement is subject to accepta this property named herein still being available for sale. If this of available for sale, then Buyer's check or cash will The method of computing the une	contract is unacceptable for any reason or if be returned and this agreement wil	the said property is no longer
NOTICE TO THE BUYER: (1) Do not sign this agreement before you in copy of this agreement. (3) Under the law, you have the right to pa charge, if any, provided for herein. (4) If you desire to pay off in adverse turnished upon request. (5) You the Buyer may cancel this transaction, provided no interment has been made. To care	ay off in advance the full amount due and to obtain ance the full amount due, the amount of the refun- ction with full refund at any time prior to midnight o	n a partial refund of the finance d you are entitled to, if any, will if the 5th calendar day after the
Seller is authorized to issue Certificate of Ownership as follow	ws: Joint Tenancy Individual Owner	ship /
NAME EDD STARKS / AND ON	BARBARA ANN STARKS	7459 WIFE
(PRINT)	21105	(RELATIONSHIP)
Accomed by Cemetery Broker	BUYER'S SIGNATURE Y GOD SO	NA
this day of, 19	BUYER'S SIGNATURE Carbara	Stark
ву	HOME ADDRESS: 5304	DUINCE -ST.
FREDRICE ZARSE OLU CLR		1105
Comract No C 1357 Source Ty Brown	TELEPHONE 6/9-263-76	76
MPORTANT: The terms and conditions on the reverse side 7	Counselos Typus & Bilour	No. C / 357

POWER OF ATTORNEY

CAROLYN S	FGUIN
attorney for him and his name, place and stead and f	one), hereby makes, constitutes and appoints netery broker in the State of California, his true and lawful for his use and benefit to perform and sign in his place in all we burial rights to any other party or parties to that certain
Div. 8 SEC 3 60	T 2136
and thing whatsoever requisite, necessary, or approp	by full power and authority to do and perform all and every priate to be done in and about the premises as fully to all interest, hereby ratifying all that his said attorney shall lawfu
Wherever the context so requires, the masculine gen notudes the plural.	der includes the feminine and/or neuter, and the singular
	* Carolyo L Seguin
Signature,	Signature
on <u>September 3 3004</u> before	RIVERSIDE me, the undersigned, a Notary Public in and for said State
ersonally appeared. (ARO/UN S	pequin
ersonally known to me (or proved to me on the basi ame(s) is/are subscribed to the within instrument an his/her/their authorized capacity(ies), and that by	is of satisfactory evidence), to be the person(s) whose d acknowledged to me that he/she/they executed the same wis/her/their signature(s) on the instrument the person(s), or
personally known to me (or proved to me on the basi	JENNIFER GREENWOOD Commission # 1426609 Notary Public - California Riverside County My Comm. Expires Jun 24, 200

Prud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/21/84

Kosolio	Torres 228195
a liner	Funeral, date, time
Type of Burial Container hurch, Chapel, Graveside	: Mortuary.
Il Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$
ill be applied and billed to undersigned	
ivision 12 Section 3 B	Lot 20 Grave 9
rave space & Care Fund	<u> </u>
vertime/Late Arrival Fees	
pening/Closing & Setup	PAID SIST
urial Container	001_
andling Fees	SEP 2 1 2004
ower vases - Marker setting fee	
ecording/Filing/Transfer FeesMOUN	IT HOPE CEMETERY 50
ales taxes	
Paid	Total Due
at I have the right to make this authorization	n of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
ny liability on account of said authorization	
DALL ML	A GASPAR MONTESA J
DALL MA	
ray liability on account of said authorization in a sa	A GASPAR MONTESA J 720 CAMINO DE LA REINA MONTES SANDIEGO, CA 7218

MT. HOPE CEMETERY NOT LAMES INTERMENT ORDER City of San Diego

The Her James	City of San Diego	Date <u>9(</u> 2	21/04
You are hereby authorized and instruct of	ed, subject to your rule CHO.A Funeral, date, ti	Johnson	
Type of Burlai 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 undersigne	d		
Division 12 Section 3	Blk/Row	Gra	ve
Grave space & Care Fund			<u> </u>
Overtime/Late Arrival Fees			
Opening/Closing & Setup			1160
Burlal Container	<i>\</i>		61.00
Handling Fees	711		66.00
Flower vases - Marker setting SEP 2	1-2004	***************************************	
Recording/Filing/Transfer Fees		************************************	5000
Sales taxes	PE CEMETER	<i>[</i>	473
MOUNT HO	Paid receipt number	Total Due	297.7
I hereby certify I am the by	other	Balance du	named decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authorize	rization and I agree to	hold Mt. Hape Cemete 9794	ry harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name	MEST. Joh	
James A. Artes	Address	ALTOVISTO	9 HYE
Signature	SH NO	01010-10	20 Cook
a water	Tätephone	11262-18	JU
awlette 10705	Invoice #	<u></u>	
Work Order # E .18705	Acct. #_		

Atd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9 22 84

	\$ \$ M
Cartanala	ect to your rules and regulations, to inter the remains
of Der Trucke	C + 15/2 11:00
in a Spe of Buriel Container	uneral, date, time 200 10 3
Church Chapel Graveside	: Merkiey 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/F	Row Lot 10%S Grave
Grave space & Care Fund	5 007 7
Overtime/Late Arrival Fees	F 13158 (00)
Opening/Closing & Setup	<u> </u>
Burial Container	- <u>8</u> -
Flower vases - lacker setting fee 0100 5	7927 9.08
Recording/Filling/Transfer F.B	<u> </u>
Sales taxes	71163
SEP 2 9 2004	Total Due
Paid rec	ceipt number 580 44 111.13
MOUNT HOPE CEME	
I hereby certify I am the	of the above named decedent
that I have the right to make this authorization a	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and	d interment.
I hereby authorize the interment in lot I	x Stella SHUK
hold (niver deed)	Pring Nam P.O. BOX 910522
July Sing	8000 SAN DIEGO, 81.92/30
D	A 858-794-0394 ZO COOR
rum	Telephone
West Order F .18706	Invoice #
Work Order # E .10 / U O	Acct. #

MT HOPE CEMETERY €-18 706

GRAVE BLIND CHECK FORM

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	Hill				
	Com	x	Siglar		
	Andrew	Andrean	FOX		
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	ut by: $ u$ oz $ u$		1 1	I COR AM	
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190	& Verified By:	DAKKE	71	Date:_	9-30-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NAME OF DECEDE	NT—FIRST (GIVEN)	1B. MIDDLE CLAIRE	1C, LAST (FAM	ILY)			2. DATE OF BIRTH	3. DATE O	CALCADO DE LA CALCADA DE LA CA	4. SEX
	SAN DIEGO		•	5B. COUNTY C ENTER STA		OUTSIDE CALIF.		, RELATIONSHIP, FULL FORMANT LA SHVIL -			ZIP CODE
3	Merkley—Mi'	CHELL MORT	A-FUNERAL DIRECTOR OR PERS UARY AN DIEGO, CA 92	87 M 50 58222		PLICABLE	5442 SAN	CAMINITO V DIEGO, CA 9 ATURE OF APPLICANT	ISTA LI 2130	0JO	SIGNED
	ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed disposi and Safety Code, and was authorized pursuant				. /	mr/ [20		09/23	/2004
	AUTHORITATION OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS O AND SAFETY CODE AND IS THE AUTH N SPECIFIED IN THIS PERMIT D RIGHT OF DISPOSAL OUTSIDE OF CALIFO	\$13.0		9B DATE PERMIT 09/23/2 J.J.CALL	33	9C, SIGNATURE OF LOCA 2416345	AL REGISTRAF	ISSUING PE	RMIT .
- 2		P.O. BOX	GISTRAR OF DISTRICT OF DE LED IN CALIFORNIA 85222 , CA 92186-5222	ATH —				OT DISPOSITION — A DISTRICT IN CALIFORNIA			
	B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS O		E. TEMPORARY I	T NLIFORNIA			I. DISPOSITION P		MAINS LOCAT	EDAT
_	BURIAL	MT HOPE C	DRESS OF CALIFORNIA CEME EMETERY ET STREET		OUTSIDE O	11B. DATE BURIE	0 11	C. SIGNATURE OF PER	ISON IN CHA	AGE OF BU	RIAL
			DRESS OF CALIFORNIA CREA	MATORY		10-2-04 12B. DATE CREM	- C. F.	C. SIGNATURE OF PER		PGE OF CB	EMA
APPLICABLE ITEMS	CREMATION					TED. OTTE OTEN	.	o. Didital drie drive			
ALL APPLICA	SCIENTIFIC USE	13A, NAME AND AD	ODHESS OF CALIFORNIA FACIL	ITY RECEIVING REM	AINS	138. DATE RECEI	VED 13	C. SIGNATURE OF PER	RSON IN CHA	ARGE OF FA	CILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		É	14B. DATE SHIPP	ED 14	C. ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, DIDENTIFY FINAL PLACE AND G EA, <u>ONLY</u> ENTER LATITUDE AN	CA DISTRICT OF DISP	240720 U	15B. DATE OF DISPOSITIO		C. SIGNATURE OF PER CHARGE OF DISPO	SITION	150: LICENSE CREMATED RE POSER — IF A	MAINS DIS-

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

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sept 22,04

of June	vaus_
n aType of Burial Coreainer	Funeral, date, time
Type of Burlai Coreaner Church, Chapel, Graveside	Mortuary.
5-016315103046303030303030461040M9-34-25-	m. o regular work day or an extra charge & \$
	The good work and on all a shange T
will be applied and billed to undersigned.	
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Division Section	Blk/Row Lot Trave
Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	T • /
A 1	
landling Fees	
Flower vases – Marke setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
\ \ \	Total Due
P	aid receipt number
	Balance due
Control of the Contro	
that I have the right to make this authoriza	of the above named decedent ition of remains as above indicated. I certify and represent allon and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	on and interment.
	on and interment.
hereby authorize the interment in lot I	Print Name
hereby authorize the interment in lot I	
hereby authorize the interment in lot I nold under deed.	Print Name Address
hereby authorize the interment in lot I noid under deed.	Print Name Address
Thereby authorize the interment in lot I noid under deed.	Print Name Address City Zip Code

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

al, date, time 140 150 150 150 150 150 150 150 150 150 15	Mortus Mo
: <u>CONTAC</u> ular work day or an extra charge of Lot 135 / Grav	DE 460
Loi <u>/35/</u> Grav	5/\$
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Total Due	0
t number	—
R-57683 Balance due	0
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mains as above indicated. I certif I agree to hold Mt. Hope Cemeter erment.	y and represe y harmless fro
Pdot Name . V 1 of	
Address Lall	200
an A Marie	1200
Tolophone T	0410
to be	
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	Print Raina Address Address

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

1 1 10000	TACK	date time/ MUN Sept. 27 1.00
n a LINEY	MANY A.	ALMER A STATE OF THE STATE OF T
Church, Chapet Graveside		MANA 41,0-48
Ali Funeral cera must emive	before 3:00 p.m. of regule	er work day or an extra charge SFS
will be applied and billed to	undersigned.	
Division 8 Secti	ion_/_ Blk/Row	Lot /35 / Grave /
	D-3028	<i>(</i> 25)
Grave spece & Care Fund .		
Opening/Closing & Setup	K57629	
Burlat Container	di Carabbana Carabana Andria	
Handling Fees	/1 harr*hararharrannin, ssann	<i></i>
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Sales taxes		
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ared this is work suffereity to	make disposition of ment	l y Chilld) of the above named decedent
and this is your sutherity to that I have the right to make	n make disposition of rema a this authorization and I a	Ly Child of the above named decedent ains as above indicated, I certify and represent gree to hold Mt. Hope Cemetery harmiess from
and this is your sufficinty to that I have the right to make any liability on account of si	o majos disposition of rema a this authorization and i a ald suthorization and interr	y Chilid) of the above named decedent ains as above indicated, I certify and represent gras to hold Mt. Hope Cernetery harmless from mert.
and this is your sutherity to that I have the right to make	o majos disposition of rema a this authorization and i a ald suthorization and interr	Balence due Ly Child) of the above named decedent ains as above indicated, I certify and represent gree to hold Mt. Hope Cemetery harmiess from mem. SHARON L. KELLEY
and this is your authority to that I have the right to make any liability on account of se hereby authorize the Intern	o majos disposition of rema a this authorization and i a ald suthorization and interr	Basince due Ly Child) of the above named decedent aims as above indicated, I certify and represent graw to hold Mt. Hope Cemetery harmiesa from mem. SHARON L. KELLEY 14411 CALICO FIELD DRI
and this is your sutherity to heal I have the right to make any liability on account of self-hereby sutherize the interrocks under deed.	o majos disposition of rema a this authorization and i a ald suthorization and interr	Basence due Ly Child) of the above marted decedent ains as above indicated, I certify and represent graw to hold Mi. Hope Certetery harmiesa from merr. SHARON L. KELLEY 14411 CALICO FIELD DRI CYPRESS, TX 77429
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MT HOPE CEMETERY E- 18 708

GRAVE BLIND CHECK FORM

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nterment spa nterment Dat Div: S Grave Laid ou Agrees with L	ce for: <u>ELS/</u> e: <u>Man . Sep/</u> ect: / Bll	27 T	ime: /: Lot: 4	00	

E-18708

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF	F DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF		TE OF DEATH	4 SEX
ELSA	- House		CLARA	STACK		097017	1913 89	2172004	F
5A, CITY OF	DEATH			ENTER STATE	TH - OUTSIDE CALIF.,	6. NAME, RELATIONS! OF INFORMANT	IIP, FULL MAILIN	G ADDRESS AN	ZIP CODE
Conr				FEBRUARIS NOTE:	exas	Sharon L.			•
Conr	ad Le	mon Grove !	MA-FUNERAL DIRECTOR OR PER MOTTUATY ON Grove, CA 919	- IF	APPLICABLE	14411 Cal Cypress,	TX 77429		
0.0000000	DGEMENT OF A	I hereby acter	rowledge as applicant that the proposed disporant Safety Code, and was authorized pursuer	ition stated herein is one of the dispositions :	authorized by Section 103055	BA. SIGNATURE OF API	sully		SIGNED 23/2004
PERMI		THE CALIFORNIA HEALTH ITY FOR THE DISPOSITIO	N ACCORDANCE WITH PROVISIONS O AND SAFETY CODE AND IS THE AUT IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFI	HOR-	SB DATE PERMIT IS Kim Beaul 09/23/20	ieu 2416	E OF LOCAL REGIS	TRAR ISSUING PE	RMIT.
ANY CHANGE IN TION REQUIRE PERMIT TO SHO DISPOSITI	N DISPOSI- ES A NEW OW FINAL	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF DI ED IN CALIFORNIA	EATH — 96 ADC GO. Vit	oness of Registran of Spostrion is to occur in the spostrion of San Die al Records Diego, CA	F DISTRICT OF DISPOSIT NANOTHER DISTRICT NC SO Dept. of P.O. Box 85	non- Health : 222	Services	
A. BURIA B. CREM C. DISPO	AL (INCLUDE:	SITION(S) CHECK APPLIC S ENTOMBMENT) CREMATED REMAINS (TERY		E. TEMPORARY ENVAULT F. DISINTERMENT G. SHIP IN TO CALIFORN D. TRANSIT TO OUTSIDE	i A		OSITION PENDING and Address)	— FIEMAINS LOCA	TED AT
BUF	RIAL	Mount Hope	DORESS OF CALIFORNIA CEM Cometery et Street CA 92102	ETERY	9/07/0	11C. SIGNATURE	FOF PERSON IN	CHARGE OF BU	JRIAL A
A THE RESERVE THE PARTY OF THE	MATION	12A, NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	128. DATE CHEMA	TED 12C. SIGNATUR	OF PERSON IN	CHARGE OF C	REMATION
	NTIFIC ISE	13A, NAME AND AD	ODRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C. SIGNATURI	E OF PERSON IN	CHARGE OF FA	CILITY
E	ANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPEI	170.110011007	AND SIGNATURE G WITH THE CAP		CHARGE
DISPOSITE	ING/BURIAL EA OR ION OTHER CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE DIDENTIFY FINAL PLACE AND SEA, ONLY ENTER LATITUDE AI	CA DISTRICT OF DISPOSITIO	15B. DATE OF DISPOSITION		E OF PERSON IN F DISPOSITION	15D. LICENSE CREMATED R POSER — IF	

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

or reed

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9/23/04

You are hereby authorized and instruc	ited, subject to you		s, to inter the remains
of DIO Church (A)	Funeral, d	X -	w Sept. 24 11
Type of Build Container Church Chape Graveside	runeral, u	elcayo	
All Funeral cars must arrive before 3:0	00 p.m. of regular	work day or an extra d	harge of \$
will be applied and billed to undersign	ed,		
Division 6 Section 4	Blk/Row	Lot 64	
Grave space & Care Fund 5 -	18523		<u> </u>
Overtime/Late Arrival Fees			
Opening/Closing & Satur	lf.		
Burial Container	r		
landling Fees			
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees	K		
Sales taxes			
a	В	Total Due	
619-0176	Paid receipt nur	nber	
y 440	Le:	Balar	nce due
hereby certify I am the and this is your authority to make dis hat I have the right to make this authorismy liability on account of said authorismy	orization and I agr	ee to hold Mt. Hope C	above named decadent I certify and represent emetery harmless from
hereby authorize the interment in lot nold under deed.	Print	Name	
	Addre	85	
ignature . Maj	City		Zip God
Paulatte	Telep	hone	
- 10700	Inve	pice #	
Work Order # E .18709	Acc	t. #	

MT HOPE CEMETERY E - 18709

the burial space.			I T	
		Elsben	4	
DANIA, DANIDE	X	9		
Blind Check Initiated By: Interment space for: Interment Date: Div: Sect:	Paulet: Seresa	<u> </u> <u> </u>	Date: 9(2)	13 hape
Div: 6 Sect: 4 Grave Laid out by:	Blk/Row: _	Lot:	<u>64</u> Gr:∑	3
Agrees with Legal Card:			100/	
Agrees with Map: Ye	• П	No	4247	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MAK	E NO ERASURES, WI	HITEOUTS OR O	THER AL	LTERATIONS		
1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) Theresa - Garibay 5A. CITY OF DEATH 5B. COUNTY OF DEATH — 0				2. DATE OF BIFTH 3. DATE OF DEATH 4. SET 01/30/1937 09/22/2004 F					
				- OUTSIDE CALIF.	I 6. NAME	RELATIONSHIP FULL M			
	San Diego			ENTER STATE San	Diego	OF IN	FORMANT tin Garibay -	- Son	
74	El Cajon	Mortuary	A-FUNERAL DIRECTOR OR PERSON A	— IF AF	LICENSE NUMBER PLICABLE 1022	749 San	Diego, CA 92 NATURE, OF APPLICANT—A	r 211 9	TE SIGNED
	ACKNOWLEDGEMENT OF A	I hereby acknowledge	owledge as applicant that the proposed disposition state and Safety Code, and was authorized pursuant to Sect			▶ 9ª	a Sur fage		23/2004
WIGHT.	- CHARLE	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT 09/23/2 Jackie K	004	9C. SIGNATURE OF LOCAL 2416390	REGISTRAR ISSUING	PERMIT
3	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	P O Box	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA 85222 O, CA 92186-5222		ESS OF REGISTRAR POSITION IS TO OCCUP		CT OF DISPOSITION — ER DISTRICT IN CALIFORNIA		
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C	лтнея <u> </u>	E TEMPORARY ENVAULTM JF, DISINTERIMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O			L DISPOSITION PEN (Name and Address)	IDING — REMAINS LO	CATED AT
	BURIAL	MOUNT HO	DRESS OF CALIFORNIA CEMETER' DPE CEMETERY UKET STREET/SAN DII		9-24-0	17	C. SIGNATORE OF PERS	ON IN CHARGE OF	BURIAL
APPLICABLE ITEMS	CREMATION	n/a	DRESS OF CALIFORNIA CREMATO	RY	12B. DATE CREM	ATED 12	C, SIGNATURE OF PERS	ON IN CHARGE OF	CREMATION
ALL APPLICAL	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	13B, DATE RECEI	VED 13	C. SIGNATURE OF PERS	ON IN CHARGE OF	FACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP	ED 14	IC. ADDRESS AND SIGNA OF PLACING WITH TH		N CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CA DI EA, ONLY ENTER LATITUDE AND LO	STRICT OF DISPOSITION	15B. DATE OF DISPOSITIO		C. SIGNATURE OF PERS CHARGE OF DISPOSI	TION : CREMATED	SE NUMBER OF REMAINS DIS- FAPPLICABLE

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

A Decg

MT, HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date	9	23	104
-	_	-	

You are hereby authoriz			es and regulations	, to inter the remains
Well-Section St. Disconnection	ieme Jat			9/02 11-
in a D D CK	YPT"B"F			7/2/ (:00
Church, Chapel, Graves	side		Kaysca	ace Mortuary.
All Funeral cars must a	rrive before 3:00 p.m. of	regular work	day or arrextra ch	arge of \$
will be applied and bille	d to undersigned.			
Division S	Section 2 Blk/	Row	Lot 107	Grave 3
Grave space & Care Fu	no E-161	104		
Overtime/Late Arrival Fe	996			
Opening/Closing & Set.	p			413.00
Burial Container			**************************************	53
Handling Fees	PAII		************************	
Flower vases - Marker	setting fee	2007		
Hecording/Filing/Transit	setting fee SEP 2 3 7			
Sales taxes		CEMETE	RY	
Datos taxos	MOUNT HOPE	CENTER	Total Due	46300
			R-58045	ACCURATION CONTRACTOR OF THE PARTY OF THE PA
	$\overline{}$		The second secon	e due
I hereby certify I am the	Daugr	Her	of the al	bove named decedent
and this is your authori that I have the right to n	ty to make disposition of	of remains as	above indicated. I	certify and represent
any liability on account	of said authorization and	d interment.	TIDIO IVIL HOPE CE	metery narmess nom
(baselin a diseles the l	eterope et la fat l	Hor	CI TOUR	mar
I hereby authorize the in hold under deed.		Print Name		1001+
HAMA FAS	tall	Agent		E AND CONK
Signalure		City E	in Vie	0000000
Paulatte	5	Telephone	1 to City	Palle-asu
/ Co _ 1	0710	Invoice a		
Work Order # E .1	871 0	Acct. # _		
REA-104 (3-04)	This informa	tion is availat	ble in alternative fo	ormats upon request.

MT HOPE CEMETERY E-18710

GRAVE BLIND CHECK FORM

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word	Roger		x			Byrne
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To Andrews		al Card: [J No	1/9	A
5	- 8	: ☐ Yes erified By	7.40	×/	\ Date	954-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MAK	E NO ERASURES	, WHITEOUTS OR	OTHER AL	TERATIONS		
	STREET, SALTE	AME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY)				2. DATE OF BIRTH MONTH, DAY, YEAR	MONTH	OF DEATH 4.5	
NIEME -			JABBAR		2 3 0	09/13/1940		6/2004 M	
8	AN DIEGO			SAN DIEGO		OF IN	RELATIONSHIP, FULL FORMANT JABBAR, DAU	***************************************	DDRESS AND ZIP COD
A	nderson-ra	SDALE MORT	IA - FUNERAL DIRECTOR OR PERSON A TUARY; 5050 FEDERAL	L BLVD.	IF APPLICABLE	SAN	DATE STREET DIEGO, CA 92	602	
2	AN DIEGO,	I December with	owledge as applicant that the proposed disposition stat	1,000	-1329	-	ATURE OF APPLICANT	Person taking p	1 (B)
_	ACKNOWLEDGEMENT OF A	UPPLICANT of the Health	and Safety Code, and was authorized pursuant to Sect	on 7100 of the Health and Safe	ty Code.	403	de though	-	09/23/200
1	- COMI	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAPETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. D NIGHT OF DISPOSAL OUTSIDE OF CAUPORNIA	13.00	98. DATE PERM 09/23/21 B. CAMP1	004	9C. SIGNATURE OF LOCA 2416348	AL REGISTR	AR ISSUING PERMIT .
134	NY CHANGE IN DISPOSI- TION REQUIRES A NEW FRMIT TO SHOW FINAL	VITAL RECOI	EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA RDS , P.O. BOX 85223 RA 92186-5222	9E.	ADDRESS OF REGISTRA	A OF DISTRIC	OT OF DISPOSITION — ER DISTRICT IN CALIFORNIA		
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLIC	ABLE ITEMS	*			FOR CO	DRONORS	USE ONLY
	B. CREMATION B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS O	D7HER C	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO D. TRANSIT TO OUTS	DRINIA		L DISPOSITION PI		REMAINS LOCATED AT
	BURIAL		DORESS OF CALIFORNIA CEMETER CEMETERY; 3751 MARI CA 92102		118. DATE BURI	IED 11	C. SIGNATURE OF PER	SON IN CH	Dielle.
BLE ITEMS	CREMATION		DDRESS OF CALIFORNIA CREMATO	RY	12B. DATE CRE	MATED 12	C. SIGNATURE OF PER	ISON IN CH	HARGE OF CREMATION
ALL APPLICABLE ITEMS	SCIENTIFIC USE	13A, NAME AND AL	DDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	3 13B, DATE REC	EIVED 13	C. SIGNATURE OF PER	ISON IN CI	HARGE OF FACILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B, DATE SHIP	PED 14	IC. ADDRESS AND SIGN OF PLACING WITH T		
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAID BEA, ONLY ENTER LATITUDE AND LO	STRICT OF DISPOSI			G SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE NUMBER O CREMATED REMAINS DIS POSER — IF APPLICABLE

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



Athol Free Res. Free

MT. HC E CÉMETERY

City of San Diego

Date 9/23/84

3	
You are hereby authorized and instruc	cted, subject to your rules and regulations, to inter the remains
of Maria	Muramaa 228211.
ina liner	Funeral, date, time Mm 9/27/1:0
Church, Chapel, Graveside	80 Memorie Mortuary
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	ed-
	100
Division Section	Blk/Row Lot Grave
Grave space & Care Fund	PAID 985
Overtime/Late Arrival Fees	
Opening/Closing & Setup	CEP 2 1 2004 473
Burial Container	
Handling Fees	MOUNT HOPE CEMETERY / CO
Flower vases – Marker setting fee	MOUNT HOLD CO.
recording/Filing/Transfer Fees	50
Sales taxes	19.2
	O Total Due 1833 A
	Paid receipt number (1-58050 / 8.59
	Balance due
hereby certify I am the	of the above named decedent sposition of remains as above indicated. I certify and represent
	orization and I agree to hold Mt. Hope Cemetery harmless from
~ or tuery	Day v
hereby authorize the interment in lot hold under deed.	Print Summe
	Print Name Address City: Zio Code Telephone
ignature	City 74 Code
12.	Telephone C 0 \$
Tun	
Work Order # E .18711	Acct. #
WORK CHURCH #	ACCL #

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DBIE 9/23/84

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Coxalher	Funeral, date, lim	200000	12/1	
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rive before 3:00 p.m	. of requiar work da	ry or an extra char	ge of \$	(9)
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ilerment in lot i		IN MA	asse C	10
galey	Adding C	50 110	200	110
0	Carl A	a CII	2110	113
	Talephone	7-016	7188.	1
				2.
	Invoice #			
	sction 2.00 p.m. sction	Covering lide	setting (se	Covaling Ide Solution Site Page Fines Paid receipt number Paid receipt number Salance Gue Of the above named decedent Ide authorization and i agree to hold Mt. mope Cemetery harmless from I said authorization and interment.

MT HOPE CEMETERY

E-18711

GRAVE BLIND CHECK FORM

		Pro-		
Wilson		mie 3	Bell	
	Davis			West -
nterment Date	ce for Man	7 ATime	CO-11 :	D3 da
Grave Laid ou	ect: Blk t by: egal Card: ØY	ian fe		10
Agrees with M	ap: ØYes Verified By: <u>/</u>	□ No	Date: 9-	16e 24-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2 DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Marie		Luisa	Miranda	Miranda		09/22/2004	F
5A. CITY OF DEATH San D:	iego		5B. COUNTY OF DEATH ENTER STATE San Diego	I — OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FUL RETER CONZALEZ	L MAILING ADDRESS AN - Daughter	D ZIP CODE
7A. TYPED NAME AND AL		A - FUNERAL DIRECTOR OR PERSON Lal Chapel			3530 Monroe Av San Diego, CA 8A SIGNATURE OF APPLICANT	92116	E SIGNED
ACKNOWLEDGEMENT OF A	PPLICANT I heroby actor of the Health	rowledge as applicant that the proposed disposition s and Salety Code, and was authorized pursuant to S	stated herein is one of the dispositions aut ection 7100 of the Health and Salety Cod	horized by Section 109055 A.	▶ 6 U Dulli	091	124/20
AUTHORIZATION OF	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	13,00	98 DATE PERMIT 09/24/20 SA. W111		CAL REGISTRAR ISSUING P	ERMIT
LOCAL REGISTRAFI	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF DEATH	H — SE ADOR	ESS OF REGISTRAR O	E DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	,	
10. AUTHORIZED DISPOS					FOR	CORONOR'S USE ONLY	
B. CREMATION C. DISPOSITION OF THAN IN A CEME	CREMATED REMAINS	CTHER [E. TEMPORARY ENVAULTM F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O		I. DISPOSITION (Name and Addr	PENDING — REMAINS LOC 1864)	ATED AT
BURIAL	Mount Ho	PORESS OF CALIFORNIA CEMETE PE Cemetery Let Street O, CA 92102	RY	9-27-0	11	RSON IN CHARGE OF B	URIAL
CREMATION		DDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CHEMA	TED 126, SIGNATURE OF PE	RSON IN CHARGE OF C	REMATION
CREMATION CREMATION SCIENTIFIC USE TRANSIT	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	PECEIVING REMAINS	13B. DATE RECEIV	ZED 13C, SIGNATURE OF PE	RSON IN CHARGE OF F	ACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPPE		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OF D IDENTIFY FINAL PLACE AND CA SEA, <u>ONLY</u> ENTER LATITUDE AND I	DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	SITION CREMATED	E NUMBER OF REMAINS DIS- APPLICABLE

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

pred.

TVAMSTEY: ALL'63.00 of MIT. HOPE CEMETERY Second burners
INTERMENT ORDER Second burners
City of San Diego

	City of San Diego	0122 8
		Date 9 0 0 0
You are hereby authorized and instruc	ted, subject to your rules and re	
of Ressie	c. Martin	225303
ina DO Crypt	Funeral, date, time	
Type of Buril Contains		Mortuary.
All Funeral cars must arrive before 3.0	0 ρ.m. of regular work day or a	n extra charge of \$
will be applied and billed to undersigned	sd,	
	1	.001
Division 1 C Section	Blk/Row Lot_	1444 Grave 1
Grave space & Care F. D. A.L.	80% 77184	\$876.00 1095-
Overtime/Late Arrival Fees	······································	
Opening/Closing & S&EP2.320	14 17181(413)	Kg 886-
Burlal Container		7/62 418-
Handling FMOUNT HOPE CE	METERY 77	1185 352
Flower vases - Marker setting fee	carries C S	
Recording/Billing/Transfer Fees	The state of the s	<u> xa 100 -</u>
Sales taxes	63033 488	18 33.4
02821518 \$12	65.40 Total D	y 2885.4
List world	Pald receipt number	C 2823.46
13/04 18 buyany	2 3 3 SECTION 1	Balance due
I hereby certify I am the	not tre	of the above named decedent
and this is your authority to make this authority to make this authority.	risition of remains as above in rization and I agree to hold Mt.	dicated. I certify and represent Hope Cametary harmlass from
any liability on account a said authoriz	ation and interment.	
I hereby authorize the interment in lot	MINNIG	MARTIN_
hold under deed.	2071	OriOLEST
Signature)	- XSaN	Diega 9211
Ke	2494-43m	00 994 (B) 1744.
1cm	Telegobone	8493
- 10710	Invoice #	
F 18712	Auct. #	

pred •

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/23/04

of OOK	essie	L. Mar	tin 20	0,00
in a Type of Bu	rial Contained	Funeral, date,	time	
Church, Chapel, Grav			÷	Mortuary.
All Funeral cars must	arrive before 3:06	p.m. of regular work	day or an extra cha	rge of \$
will be applied and bill	led to undersigne	d		5
			0-1	*
Division	Section	Blk/Row	_ LOI 1994	Grave
Grave space & Care F	PAID			
Overtime/Late Arrival	Fees			
Overtime/Late Arrival Opening/Closing & Se	SEP 2.3 200	<u> </u>	113 x 3	
Burial Container				418
Handling FMOUN	T HOPE CE	METERY		357
1.6				
Flower vases - Marke	ster Fees	Ç	50 x a	100 -
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		r aud receipt number	Balance	a dua -
	X Do	1		WW D
I hereby certify I am the and this is your author that I have the right to	rity to make disp	sition of remains as	above indicated. I	ove named decedent certify and represent
that I have the right to any liability on accoun	make this authoriz	rization and I agree to ation and interment.	o hold Mt. Hope Cen	netery harmless from
(R)		1m	Wie MI	10-1
I hereby authorize the hold under deed.	interment in lot I	Print Nage	27:2	ik, N
Minno	m D	According	0710516	Lesi
Signature	ino	- X Sa	an Dice	20 9211
to.		KT/	toni !	174 6697244
ican		Taleghone	- 65	8493
	10710	Invoice	•	
Work Order # E .	18712	Acct. #		

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INTERMENT ORDER E 1874

no-novet	City of San Diego	X.
12 8 Hus	De	te 9-23-04
re-newst		
You are hereby authorized and instructe	ed, subject to your rules and rec	gulations, to inter the remains
그림으로 자연하는 이번 한 이번 가지 시간을 하는 것이 없었다. 그는 사람들은 사람들은 사람들은 사람들이 살아 있었다.	hury o	12 H 1171127
Liner		
Type of Burtal Container	Funeral, date, time	11/15/2016
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	I	
Division 12 Section 2	Blk/Row Lot	103Grave 2
Grave space & Care Fund		985.00
•		
Overtime/Late Arrival Fees		Wan
Opening/Closing & Setup		3/9/00
Burial Container	AIJ	2010
Handling Fees		100.00
Flower vases - Marker setting fee SEF	7 3 2004	
Recording/Filing/Transfer Fees		50.00
Sales taxes	OPE CEMETERY	1620
MOUNT	COST Total Di	(833.20
and Brock to	0-56	mul 1933.2
2007 00 0186 95647	Total Du Said receipt number Q-56	W40 1027.W
858-499 O. Pax 800		Balance due
I hereby certify I am the and this is your authority to make dispose	solition of remains as above in	of the above named decedent
that I have the right to make this author	zation and I agree to hold Mt.	
any liability on account of said authoriza	tuon and interment.	1
I hereby authorize the interment in lot I	-	
hold under deed.	Print Name	a will
Super as	Address 10 1	To tel ato
Signature	CHY D. J.	Zip Coole
a latter	Telephone MJ-C	TUB C
Paulette	70 000 000 26 70 700	J
Work Order # E 18713	Invoice #	<i>y</i>
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Pre-need +

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

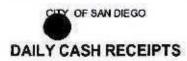
Date 9-23-04

of FOR VOSEPHI			
In a Type of Burial Confainer	Funeral, date, time _		
Church, Chapel, Graveside		-	Mortuar
All Funeral cars must arrive before 3:00 p.m.	of regular work day o	r an extra charge	of \$
will be applied and billed to undersigned.	**		
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Opening/Closing & Setup			2010
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Flower vases – Marker setting fee SEP .2.	3 2004		
Recording/Filing/Transfer Fees			
Recording/Filing/Transfer Fees MOUNT HOP	E CEMETERY		1620
MODINITIO	Total	al Due	1833.0
	receipt number R-	58046	1833.
Sales taxes MOUNT HOP See Stay By Cur Stay 95 aid 855 Jan 01 80 858495 aid		Balance du	<u>_Q</u> _
hereby certify I am the and this is your authority to make disposition		of the above	named decede
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and interment.	iat, nope cemete	ry manniosa no
hereby authorize the interment in lot I	GREGO	RY A B	ROWN
nold under deed.	520/1	RUFFIN	RD
Trye a. D.	EN SAN L	JEGO, CA	92/2
Paulette			
Nork Order # E .18713	Invoice #		
- 19714	1000 ACM CO. CO. CO.		

REA-104 (3-04)

This information is available in attemative formats upon request.

O Friend on recycled paper



DEPARTMENT



DCR No. E-18712

October 4, 2004

2005-0007003

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EXPLANATION	FUND	DEPT	ORGLEVEL	ACCOUNT	JOB ORDER	564/NT FACILITY	HEPE CENETERY MERCHANT CARD AMOUNT 002-000%
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June Pierson, James Ethridge, Janet	100	072		77184	2		2,927.00
Booth	100	072		77181	\$7. (*		413.00
Trust for Janet Booth	100	072		77182			410.00
Interment of Jesse Moody, Alodis Bagby	100	072		77185	Ing. 18		369.00
Vases for Albert Feurer, Margaret	100	072		77183			848.00
Holmes	63033			77186	e ^{to}		1,843.40
Marker set fee for Cathey Cobbins	60101	like i		78390			29,84
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PREPARED BY Pam Hetzel X73400	DEPOSITED B Mt. Hope	Y: MS 72 Cemetery	AUDITED BY:	KEY PUNCH DATE:			\$7,411.24

Park & Recreation/Mount Hope Cemetery

INTERMENT ORDER eed lot City of San Diego 9/23/01 ucted, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$. will be applied and billed to undersigned. Division Section Blk/Row Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container... Handling Fees..... Flower vases - Marker setting feMOUN Recording/Filing/Transfer Fees..... Total Due.... Paid receipt number Balance due nereby 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 Addines Signature Zip Code Paulette Telaphone Work Order # E 18714 Invoice a Acct.

This information is available in atternative formats upon request.

REA-104 (3-04)

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		MENT ORDS	=H			
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housed la			Date _		-	8
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You are hereby authorit	zed and instructed, su		Application of the second			
of TOK Im	genne is	dentino	JE 6	10200	06	
ina liner		Funeral, date, time		- 0 0		
Church, Chapel, Grave	al Container side				Mortuary	
All Funeral cars must a	rrive before 3:00 p.m.	ol regular work day	or an extra	a charge of \$		
will be applied and bille	d to undersigned		*01800/9803337	1001/01/01/05/01/01/01/05/05/		
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Handling Fees		HOPE CEME	IEI:-	ہ۔ہ	D.C.)
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hereby certify I am the and this is your authorithan I have the right to nany liability on account of fiereby authorize the introduced and the control of th	ty to make disposition make this authorization of said authorization and interment in lot (of remains as above and I agree to hold not interment. SALEGA SALEGA Invoice # Acct. # ation is available in	of the re indicate Mt. Hope Ry A. RU DIX (e above named d. I certify and Cemetery harn DROWN KKIURI CO, CA TOO COUNTY	representations from	RECEIV

INTERMENT OFFER

Star WILLEO	MMENT ONDER
11 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (City of San Diego
Derred	Date 9/23/04
LOTATIVES 22825	9
	d, subject to your rules and regulations, to inter the remains
of FOR Regina	Eddy # 20021039
in a Type of Burial Container	Funeral, date, time
Church, Chapel, Graveside	, , , , , , , , , , , , , , , , , , ,
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Division 12 Section 1	Blk/RowLoI64_ Grave4
Grave snare & Care Fund	1310.00
Overtime/Late Arrival Fees	
	- 10 m
	549 D
Burial Container	7/3/20
Handling Fees	
Flower vases - Marker setting fee	SEP 2 3 2004
Recording/Filing/Transfer Fees	
Sales taxes	100 DE 100 DE 21.54
	MOUNT HOPE CENTERY 2437.50
A CONBROWN	Paid receipt number R - 58047 3437.50
(egg)	Paid receipt number 11 1011 0713
85X-411-187820	Balance due
I hereby certify I am the	of the above named decedent
that I have the right to make this authorize	sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorizat	ion and interment.
I hereby authorize the interment in lot I	1 21
hold under deed.	Print Name
	Address Vi Verily
Signature	Cay DI Zio Code
a who	Telephone
Paulette	Υ
- 1071E	Invoice #
Work Order # E .18715	Acct. #

This information is available in alternative formats upon request.

INTERMENT ORDER

Comtero		TERMENT C	RDER	
Penes	તું ક્	City of San Die	go Date <u>9</u> [3	23/04
You are hereby			rules and regulations, 1	
in aU	yes of Bullial Container	Funeral, day	e, time	
	I, Graveside	 	-i	Mortuan
All Funeral cars	must arrive before 3	:00 p.m. of regular wo	ork day or an extra chai	rge of \$
will be applied a	and billed to undersign	ned		
Division_12			LOI_6Y	17.0
Grave space &	Care Fund			1310.00
	The state of the s	A D. S. D. C.		TOTAL PROPERTY AND ADMINISTRATION OF STREET
Opening/Closin	g & Setup			549.00
Burial Contains	Γ	P	AID -	218.00
Handling Fees.,				<u>= 213.00</u>
Flower vases -	Marker setting fee	SEP	2 3 2004	76.00
Recording/Filling	/Transfer Fees		Z J 2007	<u>60.00</u>
Sales taxes	Ωές (α	MOUNT HO	PE CE	2437.54 2437.54 2437.5
Thereby certify	PET 820		Balance	due
and this is your that I have the ri	authority to make dis ight to make this auth	sposition of remains a orization and I agree zation and interment	as above Indicated, I c to hold Mt. Hope Cemi	ertity and represent
I hereby authorizhold under deed	ze the interment in lot	GR	EGORY A. L	BROWY
Luger	9.02	The second secon	The state of the s	all and the second seco
Paule	He		9N DIE 60, (858) 694-33	Zp Code
PARTICIPATION TO T	18715	Invoice)#	
Work Order #		Acct #		

REA-104 (3-04)

This information is available in alternative formats upon request.

4 Printed on recycled paper

Mul

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ate 9/29/04

You are hereby authorized and instructe	ed, subject to your rules and regulations, to inter the remains
of Sydne	1 Ethridge 201800
in a Uncy	Funeral, date, time fru 1011 // 00
Church, Chapel, Graveside	your Kay dall 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	d.:
Division 12 Section 2	Blk/Row Lot 89 Grave 4
Grave space & Care Fund	985
Overtime/Late Arrival Fees	PAID
Opening/Closing & Setup	412
Burial Container	SEP 2 9 2004 209
Handling Fees	100-
Flower vases - Marker setting fee	MOUNT HOSE: 138
Recording/Filing/Transfer Fees	_ 56 _
Sales taxes	JG.80
	Paid receipt number \$\int 5800 4 \\ 1971.30
I hereby certify I am the	Balance due
and this is your authority to make disp	osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	YJames A. Elhvidge Prin Name 6253 Camino Corto
2 Note Par	K 39N Diego Ca 7216 Cit (19) 229-1403 to code Talephone
10716	Invoice #
Work Order # E .18/16	Acct. #

GRAVE BLIND CHECK FORM

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

	Hall				
	0.00	x	Hride		
	TOTAL STREET	Richard	Hilmon		
Blind Check Initial Interment space fo	or: <u>S</u>	dre		_ Date: _bh_n	idge
Interment Date: Div: 12 Sect: Grave Laid out by Agrees with Legal Agrees with Map: Blind Check & Ve	_a_ BI	k/Row: _			

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14	NAME OF DECEDE	DEDENT—FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX		
	Sydney		Michael	Ethridge		0972471968	09/09/22/2004 F
5/	San Dieg	0		ENTER STATE	TH — OUTSIDE CALIF Diego	6 NAME, RELATIONSHIP, FULL NO OF INFORMANT SONYA ANDRIA ET	MAILING ADDRESS AND ZIP CODE
3	L TYPED NAME AND A	DDRESS OF CALIFORN agedale Mor	a-funeral director or perso tuary, 5050 Fede	ON ACTING AS SUCH 78. CA	UF LICENSE NUMBER APPLICABLE FD-1329	2806 SW 4th Cou Ft. Lauderdale, BA_SKGNATURE OF APPLICANT—	Florida 33312
	ACKONOWLEDGEMENT OF	APPLICANT I hereby schr of the Health	owledge as applicant that the proposed disposition and Salety Code, and was authorized pursuant to	on stated herein is one of the disposition o Section 7100 of the Health and Safety	authorized by Section 103055 Code.	- tlantage	09/27/2004
300	PERMIT AUTRORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHO IN SPECIFIED IN THIS PERMIT. DIRIGHT OF DISPOSAL OUTSIDE OF CALIFOR	я-	98. DATE PERMIT 09/27/20 B. Campb	004 2416505	REGISTRAR ISSUING PERMIT
3	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	Vital Reco	GISTRAR OF DISTRICT OF DEA ED IN CALIFORNIA Tds, P.O. Box 85 CA 92186-5222			OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	1
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	CREMATED REMAINS OF TERY	OTHER ODRESS OF CALIFORNIA CEME Cemetery, 3751 M	E TEMPORARY ENVAUI F. DISINTERMENT G. SHIP IN TO CALIFOR D. TRANSIT TO OUTSID ERY ERY EXTREE STREET	NIA	Name and Address	NDING — REMAINS LOCATED AT
LE ITEMS	CREMATION	THE STREET	DDRESS OF CALIFORNIA CREM.	ATORY	12B. DATE CREMA	· / will	GON TO CHARGE OF CREMATION
ALL APPLICAB	SCIENTIFIC USE	13A, NAME AND AC	DDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B, DATE RECEN	VED 13C, SIGNATURE OF PERS	ON IN CHARGE OF FACILITY
COMPLETE	TRANSIT		ODRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO B		14B. DATE SHIPPI	ED 14C, ADDRESS AND SIGNA OF PLACING WITH TH	ATURE OF PERSON IN CHARGE HE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, O DIDENTIFY FINAL PLACE AND C SEA, ONLY ENTER LATITUDE AND	A DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERS CHARGE OF DISPOSI	

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

INTERMENT ORDER

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16 1	
PREST	
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City of San Diego

Date 9/24/2004

FOR JUNEN	· Olympia	wilson		100	DAVIS
1 aType of Buriel Container	Fur	eral, date, ti	me		
hurch, Chapel, Graveside		:			Mortuary
Il Funeral cars must arrive before 3:	00 p.m. of re	gular work o	lay or an ex	ra charge of	\$
rill be applied and billed to undersign	ned				
					111
elvision 12 Section 2	Blk/Ro		_ Lot_/	Grave	70
irave space & Care Fund	ommonium			132 856 13 13 856	985
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· PAID			/ X)	197	
pening/Closing & Settip	***********************		000	3 - 6	7
urial Container IAN 2 9 2006		/	D.	12 83	
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lower vases - Marker semina 166	METER	- NI	B 20	4	
ecordina/Fling/Transfer Feet	-/0	× 0 0	a me		
and in tuli	//	W 05	, D		
ales lares	·	A 4	0,0		9854
Lat ar Liken		,	Charles and the control of	***	200
1 616 - 24	Paid rece	ipt number	500g	4	246
goulette /			E	Balance due	734
hereby certify I am the			of	the above na	med deceden
nd this is your authority to make di	sposition of	remains as	above indica		and represen

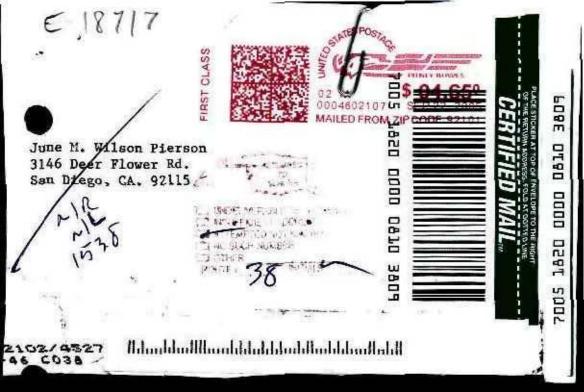
Paulette 18717 Address 1 4 C Deer Flower RD.

AN Diego CA 92115 2152968

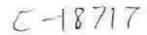
This information is available in alternative formats upon request.

REA-104 (3-04)

12 12 St. 50 CA 92/13







THE CITY OF SAN DIEGO

9/22/2005

CERTIFIED MAIL RECEIPT NO. 7005 1820 0000 0810 3809

June M. Wilson Pierson 3146 Deer Flower Rd. San Diego, Ca. 92115

Reference: Delinquent Pre-Need Account

Dear Ms. Pierson.

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since January 24,2005. Your contract specified that your first payment of \$31.00 was due October 24 2004, and every month thereafter. To bring your account to a current status, you need to pay \$248.00. Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by October 1, 2005, 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-17008, issued September 24, 2004. Cemetery location: Division 12, Section 2, Lot 171, Grave 10.

Sincerely,

David Lugo

Cemetery Manager

Attachments:

Interment Order

Contract Entry Verification



Davis, June M. Wilson Pierson 3146 Deer Flower Rd., S.D. CA 92115 (619) 265-2968 PIN# 218204 E-18717 DEBIT 985 00 9/24/04 Opened pre-need lot w/\$246.00 paid by Visa. 246.00 Division 12 Section 2 Lot 171 Grave 10 Balance Due 1-24-05 m/c 4 payment 1- 4, Jan. 2005 9-22-05 marlist Certified little Delinquent Needs to pay \$248.00 to be up to Rate we need updated phone # 4 address Need to update address 1954 payment Acceived 1257 Jan forward to Collection Invain # 433392 ACCOUNT# 128569

ACROIU PSWD:

CUSTOMER MASTER . E - 187/7

ACTION A

OPTION

ACCOUNT EDI CODE

1

128569

CUSTOMER NAME

JUNE M WILSON PIERSON

SHORT NAME

JUNE

ADDRESS: 3146 DEER FLOWER RD

SAN DIEGO, CA 92115

CITY

STATE

ZIP

COUNTRY

SAN DIEGO

CA

92115

6192652968

CUSTOMER CONTACT - NAME

MT. HOPE CEMETERY

PHONE

ORIG DEPT

619 527 3400 072

STATEMENTS

UPD BY

(#) (#)

LAST UPDATED 01/04/06

SSB

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PAI FOR NEW REQUEST.

ACRO2U PSWD: INVOI	CE DATA ENTE	Y '-'	E 18/1	1	PG	1
ACTION: A BY: SSB ACCOUNT:	128569 IN	WOICE: 43	3392 INV	DATE: 0	01 04	06
NAME: JUNE M WILSON PIERSON		10.99 	-			
1) 3146 DEER FLOWER RD	2)	SAN DIEGO	CA 92115			
3)	4)					
CITY: SAN DIEGO S	T: CA ZIP:	92115	COUNTRY	: 61926	52968	_
DEPT: 072 CONTACT: MT.	HOPE CEMETER	Y	PHONE: 61	9 527 34	100	£
REFER NO: E-18717 DAYS DUE:	010 INV T	YPE: GE	TYPE CHG:	NO	TICES:	•
TREAS-REF: Y ENCLOSURES: N P	D COVERED: F	EXCEPT	CODE:	ACCRUAL	CODE :	: _
TIME PAYM CODE: STD DESC C	ODE:	INVOICE !	TOTAL:		615.0	00
DESCRIPTION OF	CHARGE		AMOUNT			
PRE-NEED LOT			615.00			
DIVISION 12 SECTION	2					
LOT 171 GRAVE 10						÷

TOTAL DUE 615.00

LATE CHARGE #1 - DAYS DUE: AMOUNT: AND/OR PCT CODE:
#2

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

102U				INVOICE	DATA	ENTRY	C 14 (PG 2
ACTI	ON	BY	ACCO	UNT	INV	OICE		INVOICE TOTAL
A		SSB	1285	69	433	392		615.00
FUND	DEPT	ORG	ACCT	J/0	OPER		FACILI	AMOUNT
63033	ADDR. ZENALI	319(28689)	77186	59.00-46 		9089090 (CV2708)		615.00
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Officer to interment 6,15,13-5134 The Line of the London 宣言: 原料器 1 - 176 42 176 880 9615, 88 mountage & EST FARE A TERRET SEAL ER ON THE ANGEST OF LIST SECTION IN June M Wesser Preven De E-18717 E-18717

12-2-171-10 ACT. # 128569 Jav # 433392



CITY OF SAN DIEGO, CALIFORNIA GENERAL INVOICE

WHITE - CUSTOMER

EDI REF NO: C433392

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,

P.O.BOX 122289
SAN DIEGO, CALIFORNIA 92112

E 18717

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

-TREASURERS USE ONLY

JUNE M WILSON PIERSON 3146 DEER FLOWER RD SAN DIEGO. CA 92115 ACCT NO 128569

SAN DIEGO, CA 92115 SAN DIEGO

CA 92115 6192652968

PAYMENT DATE:

BY: CA CK IF ED PAYMENT REF NO

AMT PAID:

O1/04/06

PAYMENT DUE PERIOD COVERED

FOR INFORMATION CONCERNING YOUR BILLING CONTACT: MT. HOPE CEMETERY REF NO: E-18717

01/14/06

DEPT: MT. HOPE CEMETERY

619 527 3400

DECEMBER

DESCRIPTION OF CHARGES

AMOUNT

PRE-NEED LOT DIVISION 12 SECTION 2 LOT 171 GRAVE 10 615.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$25, WHICHEVER IS GREATER, INTEREST OF 12% PER YEAR ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT

ACALLSTIED ABOVE . CUSTOMER COPY INV NO. 43339



CITY OF SAN DIEGO, CALIFORNIA.

GENERAL INVOICE

WHITE - CUSTOMER

EDI REF NO: C433392

YELLOW - RETURN. WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER

P.O.BOX 122288 SAN DIEGO, CALIFORNIA 92112

LEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

JUNE M WILSON PIERSON 3146 DEER FLOWER RD SAN DIEGO, CA 92115 CA 92115 SAN DIEGO

ACCT NO 128569

6192652968

PAYMENT DATE:

BY: CA CK IF ED PAYMENT REF NO

AMT PATD:

INVOICE DATE PAYMENT DUE 01/04/06 01/14/06

--- TREASURERS USE ONLY---

PERIOD COVERED DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT: MT. HOPE CEMETERY DEPT: MT. HOPE CEMETERY

REF NO: E-18717 619 527 3400

DESCRIPTION OF CHARGES

DENNERS ASSOCIATION

AMOUNT

PRE-NEED LOT DIVISION 12 SECTION 2 LOT 171 GRAVE 10

615.00

TOTAL DUE

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILL'S WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$25. WHICHEVER IS GREATER, INTEREST OF 12% PER YEAR ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT ACALISTED ABOVE . RETURN WITH PAYMENT INV NO. 433392 PAID

JAN 2 0 2006

MOUNT HOPE CEINE

June M What Preva Dec E-18717 E-18717

E-18717 E-1871 12-2-171-10 12-1-1# 128569 TAV# 433392

INTERMENT ORDER

AT Need see City of San Diego Date 91	27/04
01 m 60 12	30
You are hereby authorized and instructed, subject to your rules and regulations, to	o inter the remains
of Derrick Branch Infant 1	lmos
in a Ouner Funeral, date, timelaleds. Se	pt. 29 113
Church Chapel, Graveside : Santia	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra chair	, JHEIK
will be applied and billed to undersigned.	F. 95-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Division 9 Section Blk/Row Lot 1483	Grave (
	110.00
Grave space & Care Fund	
Overtime/Late Arrival Fees	120 00
Opening/Closing & Setup	
Burial Container CASKET SIZE 34"LX18"WX6"h	
Handling Fees	28.00
Flower vases Marker setting fee .)	88.0
Recording/Filing/Transfer Fees	50.00
Sales taxes	597
\$ 1,62-0 SEP 2 7 2004 Total Due	408 97
. 4) 4"	496.97
Paid receipt number _K-58056	~
MOUNT HOPE CEMETERY Balance	due
	ve named decedent
that I have the right to make this authorization and I agree to hold MI. Hope Cern	etery barmless from
any liability on account of said authorization and interment.	0)
I hereby authorize the interment in lot I	- Del
hold under deed. Print Name	G.
Address Signature	
I hereby authorize the interment in lot I hold under deed. Signature Print Name City	Zip Code
Telephoni Di	
Paulette Integrand Sal	
- 10710	
Work Order # E .10 / 18 Acct. #	

MT HOPE CAMETERY INTERMENT ORDER

City of San Diego authorized and instructed, subject to your rules and regulations, to liner the remains Church Chapel, Graveside All Funeral oars must arrive before 3:00 p.m. of regular work day or an will be applied and billed to undersigned. 110.00 Oversma/Late Arrival Fees Opening/Closing & Setup CASKET SIZE 34 LL 18 WX6" Flower vases - Marker setting lee PANOH) (4208/10 MORT 2 Balance due I hereby certify I am the of the above named dededent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this euthorization and I agree to hold MI. Hope Cemetery traimless from any liability on account of sale authorization and Interment. hereby authorize the interment in lot i held under deed. Work Order . E .18718

REA-104 (3 04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY 67 18

GRAVE BLIND CHECK FORM

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

the burial spa	er's in the appace.			•	7547333767
	90 St				
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*					196
	-		Reay	,	
Interment spa	Initiated By:ace for:te:_ 9/30	Derric	K Bran	ch	. ,
	te: <u>9/2</u> 0 Sect: <u>1</u> 1			1483er	:_}
	ut by: <u>Nozm</u>				
Agrees with I	Legal Card: [] Yes	□ No	Flag	a
Agrees with I	Map: ☐ Yes	0	No	•)
Blind Check	& Verified By		-	Date:_	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

II war

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

			DOE BLACK HAN CIVE! - MI	ARE NO ENASONES	, WHITEGOTS OF	OTHER ALIEN	ALICHO		
14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C, LAST (FAMILY)				DATE OF DEATH	4. SEX
	DERRICK		ISATAH	BRANCH		МО	0/13/2003 0	9/22/2004	M
5/	LA MESA			5B. COUNTY OF D ENTER STATE SAN DIE	EATH — OUTSIDE CAL GO	JF. 6. NAME, REL OF INFORM	ATIONSHIP, FULL MAIL	LING ADDRESS AND	ZIP CODE
7/	SAN DIEC	DORESS OF CALIFORN		NACTING AS SUCH 78.		9110 SPRIN	C KENWOOD I G VALLEY, C	R. 1A 91977	SIGNED
	ACKNOWLEDGEMENT OF /	UPPLICANT I hereby ack of the Health	nowledge as applicant that the proposed disposition and Salety Code, and was authorized pursuant to S	stated herein is one of the disposit Section 7100 of the Health and Sat	one authorized by Section 1030 Hy Code,	" Yosep	a teman	12 m 2	12004
	CONTRACTOR	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR IN SPECIFIED IN THIS PERMIT.	PERSONAL PROPERTY.	09/27	/2004	IGNATURE OF LOCAL RE		RMIT *
	AUTHORIZATION OF LOCAL REGISTRAR		O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNI	,	J. LEM	IN JR.	2416519		
	ON REQUIRES A NEW EPMT TO SHOW FINAL DISPOSITION		EGISTRAR OF DISTRICT OF DEAT RED IN CALIFORNIA 85222 0. CA 92186-5222		IF DISPOSITION IS TO OC				
Ĺ	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	11A, NAME AND AL	DORESS OF CALLEDRINIA CEMETE	F. DISINTERMENT G. SHIP IN TO CALIFI D TRANSIT TO OUTS	HILL STATES AND	AIED 11C. SIG		IN CHARGE OF BL	IRIAL -
MENS	Mark Transport		DO, GA 92102 DDRESS OF CALIFORNIA CREMA	TORY	12B. DATE CRI	EMATED 12. SIG	ENATORE PERS	IN CHARGE OF CR	REMATION
	CREMATION	3							
LL APPLICABLE	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAIN	13B. DATE REC	CEIVED 19C. SK	SNATURE OF PERSON	IN CHARGE OF FA	CILITY
COMPLETE A	TRANSIT		NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHII REMAINS OR CREMATED REMAÎNS ARE TO BE SHIPPED		COCHESTO SECTIONS	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OF O IDENTIFY FINAL PLACE AND CA SEA, ONLY ENTER LATITUDE AND	DISTRICT OF DISPOSI		2000	BNATURE OF PERSON LARGE OF DISPOSITION		EMAINS DIS-

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

INTERMENT ORDER



City of San Diego

Date 9/27/04

Tassa II	bject to your rules and regulations, to inter the remains
of OSSOC M.	10000 July Sept 29 110
in a Type of Burial Container	Funeral, date, time WED SOT AT 11-00
Church, Chapel, Graveside 1011	Conra q 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 B	lk/RowLotLot
Grave space & Care Fund	<u>985.00</u>
Overtime/Late Arrival Fees	
Opening/Closing & SetupSE	p 2 7 2004 41 3.00
Burial Container	209.00
Handling Fees	HOPE CEMEIE 160. 00
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	_ K.20
	Total Due
Paid	receipt number Master Card 1833. 20
	Balance due
	of the above named decedent n of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	X Laveta Moody Thomas
	V2222 Costle Hill Drive
Signature	y Jackson, MS 39204
aulothe	X1601) 376-0184
_ 10740	Invoice #
Work Order # E .18719	Acct. #

GRAVE BLIND CHECK FORM

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

	Perlip	Permo	x	Wilson		
-				ttal	tall	

Interment Date:	29 04	Time: 11:00	Witnes
Div: 12 Sect:_	BIK/Row:	Lot: 79	
Grave Laid out buil	La for	- 0	

Agrees with Legal Card: Yes No

Blind Check & Verified By: M. Carrier Dete: 9/27/14

E-18719

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE	MI-HIST (GIVEN)	18. MIDDLE	1C. LAST (FAMIL	LY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF I	YEAR	BEX
	JESSIE		MAK	MOODY			07/01/1922	09/21/2	004	P
5.4	CITY OF DEATH			5B. COUNTY OF ENTER STATE			RELATIONSHIP, FULL	MAILING ADDRESS	AND ZIP COL	E
	San Diego				San Diago	Rose	a M. Moody		er	
78	Conrad Lemo	on Grove Mo	A FUNERAL DIRECTOR OR P PITURETY L Grove, CA 915		B, CALIF, LICENSE NUMBER —IF APPLICABLE FD941	San	Leppert St Diego, CA TURE OF APPLICANT-	92114	AB DATE SIG	NEO
	ACKNOWLEDGMENT OF AP	PLICANT I hereby of Section 10	charveledge as applicant that the grop 376 of the Health and Safety Code, and	posed disposition stated herein is one was authorized pursuent to Section 71	of the dispositions authorized by 00 of the Health and Safety Code.	►Ku	n Beau	lien	09/27/2	00
	PERMIT	SIONS OF THE CALIF	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE	CODE	EE PAID BB. DATE PERMIT		2416514	OCAL REGISTRAF	ISSUING PER	MIT
	UTHORIZATION OF	IN THIS PERMIT.	O MONT OF DISPOSAL OUTSIDE OF CAL	412 00	With the second control of the second	Maria Carrier	•			
		D. ADDRESS OF RE	GISTRAR OF DISTRICT OF	DEATH— 196	E. ADDRESS OF REGISTRAR	OF DISTRI				
1	IY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	ATTURE BURNING	DIN CAUFORNIA DIEGO DEPT. OF HEAD DE P.O. BOX 85222 CA 92186-5222	ALTH SERVICES	IF DISPOSITION IS TO OCCU	JR IN ANOT	THER DISTRICT IN CAUF	ORNA		
10	AUTHORIZED DISPO			N.	35		FOR CO	RONER'S USE	ONLY	4
	THE RESERVE AND ASSESSMENT OF THE PARTY OF T				ALC INC. PROPERTY OF THE STATE			DESIGNATION DESIGNATION	AINE LOCATE	
	B. CREMATION C. DISPOSITION OF THAN IN A CE	OF CREMATED REM	AINS OTHER	F. DISINTERMEN	Miles and South		(Name and	N PENDING RÉM Address)	ANS LOCKIE	
	B. CREMATION C. DISPOSITION O	OF CREMATED REM METERY SE	ODRESS OF CALIFORNIA C	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	ALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURIEI	0 110.		Address)		
TEMS	B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM METERY SE TIA. NAME AND A Mount Hope San Diego,	ODRESS OF CALIFORNIA C	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO EMETERY I Market Stree	ALIFORNIA OUTSIDE OF CALIFORNIA 118. DATE BURIEI	400	(Name and	Address) RSON IN CHARGE	OF BURIAL	•
APPLICABLE ITEMS	B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURHAL	OF CREMATED REM METERY SE 11A. NAME AND A Mount Hope San Diego, 12A. NAME AND AL	ODRESS OF CALIFORNIA C Cometary 3751 CA 92102	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO EMETERY I HATRET STREE	ALIFORMA OUTSIDE OF CALIFORNIA 11B. DATE BURIEF	ED 120	SIGNATURE OF PE	Address) RSON IN CHARGI	OF BURIAL	ION ION
TEMS	B. CREMATION C. DISPOSITION OF THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REM METERY SE 11A. NAME AND AI MOUNT HOPE SAN Diego, 12A. NAME AND AI 13A. NAME AND AI	ODRESS OF CALIFORNIA C COMMETCRY 3751 CA 92102 DORESS OF CALIFORNIA C	F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO EMETERY I MARKET STREE REMATORY FACILITY RECEIVING REMAI	ALIFORMIA OUTSIDE OF CALIFORNIA 11B. DATE BURIEF 12B. DATE CREMAT	VED 13C.	SIGNATURE OF PE	Address) RSON IN CHARGE RSON IN CHARGE RATURE OF PER	OF BURIAL OF CREMATI	ION Y

COPY 2

Ata

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

9/27/04

You are hereby authorized and instructe	ed, subject to your rules and regulations, to inter the remains
of October	Gray 18/20 Lies
in a Type of Buriel Completer	Funeral, date-uple NIO 7/09
Church, Chapel, Graveside	; Kag Schall 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	d
Division 12 Section 2	Bik/Row Lot 79 Grave 3
Grave space & Care Fund	PAID
Overtime/Late Arrival Fees	
Opening/Closing & Setup	SEP 2 7 2004 9/3
Burial Container	
Handling Fees. A. J. MOU!	1400 160
	138 -
Recording/Filing/Transfer Fees	
	,85 16.20
0000	Total Due 2000.60
	0 5805U 2000A
	Paid receipt number 2 3007 3000
11 -	Balance due
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any llability on account of said authorize	of the above named decedent of the above named decedent of remains at above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
I hereby authorize the interment in lot I hold under deed.	PHONE E PROVI St. 43:
AND AND THE PROPERTY OF THE PR	YOUS C. FRONT OF. "DE
Storeshore	ADDIESS
Signature	1/22 JON NS 0861
= 18720	ADDIESS

MT HOPE CEMETERY C- 18720

GRAVE BLIND CHECK FORM

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

	2			- E	1	
Dorkins	brus		X			
1 .	KI CO	Hall	Hall			
Intermen	eck Initiate t space fo	r:6	lenn G	iray	oo Ch	N X
2.5	- 7%	5.5	lk/Row:		79	§r: <u>3</u>
			Yes [/		
Agrees w	rith Map:	Z Yes		lo	Pla	Í
Blind Che	eck & Ver	ified By:	Said)	Vorieg	Date:	.1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E- 18720 ION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1B. MIDDLE 1A. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR | MONTH, DAY, YEAR | 02/07/1953 09/17/2004 GLENN ROY GRAY 5A. CITY OF DEATH 58. COUNTY OF DEATH - OUTSIDE CALIF. 8 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SAN DIEGO OF INFORMANT SAN DIEGO MICHELLE GRAY, WIFE 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 3275 STEEL STREET - IF APPLICABLE ANDERSON-RAGEDALE MORTUARY: 5050 FEDERA: BLVD. SAN DIEGO. CA 92113 BA. SIGNATURE OF APPLICANT—Person taking permit. 8B. DATE SIGNED SAN DIEGO, CA 92102 FD-1329 I hereby adjournedge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 ACKNOWLEDGEMENT OF APPLICANT 09/23/2004 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 9A. AMOUNT OF FEE PAID 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 09/23/2004 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-2416341 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA 18.00 B. CAMPBELL LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION BEQUIRES A NEW VITAL RECORDS, P.O. BOX 85222 PERMITTO SHOW FINAL DISPOSITION SAN DIEGO, CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTONBMENT) I. DISPOSITION PENDING - REMAINS LOCATED A (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL :11B. DATE BURIED MT. HOPE CEMETERY: 3751 MARKET STREET BURIAL SAN DIEGO, CEA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 120 SIGNATURE OF PE ON IN CHARGE OF CREMATION 12B DATE CREMATED: CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B, DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CREMATED REMAINS DIS-SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

XFer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/27/04

of	richael 278205
In a	Funeral, date, time
	; 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 GAR Section 3 BII	k/Row Lot <u>(4/B</u> Grave <u>2</u>
Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Clasing & Setup	PAID
Burial Container	SEP 2 7 2004
Handling Fees	SET 2 1 2004
Classes was Mades controlled	
riower vases - Marker setting lee	INT HADE CEMETEDY 77
Recording/Filing canster Fees MOU	INT HOPE CEMETERY Ge-
Flower vases – Marker setting lee	JNT HOPE CEMETERY (de -
Sales taxes	Total Due
Paid I hereby certify I am the X Brosition and this is your authority to make disposition that I have the right to make this authorization	receipt number R 58055 Log Balance due Of the above named deceden of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
Paid and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization at I hereby authorize the interment in lot I	receipt number R 58055 LoG Balance due of the above named deceden and I agree to hold Mt. Hope Cemetery harmless from and Interment. ASKLF Gallery Address Ref. Drype R Rd.
Paid I hereby certify I am the X Brossition and this is your authority to make disposition	Total Due
Paid of the state	receipt number R 58055 Lob Balance due of the above named deceden and I agree to hold Mt. Hope Cemetery harmless from and Interment. ASKLF Gallery Prin Names 199 DRYDEN Additional Control of the above named deceden and interment.
Paid of the state	Total Due

PROVERBS356, INC. DBA CASKET GALLERY

Mt. Hope Cemetery

Debrah Green Marker Installation

9/27/2004 E- 18 7.21 12910 66.00

Casket Gallery - Unio

66.00

POWER OF ATTORNEY ε | 8721 SPECIAL

	KNOW ALL MEN BY THESE PRESENTS: That I, Score I. Carly Hereinafter individually and/or collectively "principal", hereby makes, constitute and appoint
	David N. Swim, DBA Cemetery Sales Information Services and any of its authorized agents principal's
	true and lawful attorney to act for principal's name, place and stead for principal's
	use and benefit to perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal,
	use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property
	described as:
	CEMETERY DESCRIPTION: 18T 61B 60 1 7/-02
	CEMETERY DESCRIPTION: LOT 61B GR 1 46R 2 SECTION GAR DIVISION 3
	SECTION OTHE DIVISION S
	This listing and Power of Attorney: (check one only)
	May NOT be cancelled for 5 years from the date of listing. No fee
	May NOT be cancelled for One (1) year from the date of listing. \$ 25, fee
8	
	May be cancelled at any time by giving ten (10) days written notice, provided no sale
	is in progress by the broker or its agents at the time. \$50.4ee
	Any cancellation must be in writing to David N. Swim, DBA Cemetery Sales Information Services.
	This Power of Attorney shall not be affected by the subsequent incapacity of the principal.
	Principal hereby grants to said attorney in fact full power and authority to do and perform each and every
	act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to
	all intents and purposes, as principal might or could do if personally present, hereby ratifying and
	confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.
	Wherever the context so requires, the singular number includes the plural.
	100
	WITNESS my hand this / L, t day of / Pri , 200
١	0 000
•	Drong K. Usig Mayer X raig
	Principal's Signature Principal's Signature
	GEORGE K. CRAIG ARDYS CRAIG U
	Print Name
	CII.
1	STATE OF California
•	Comment (Carlo)
1	COUNTY OF
	On this $12t$ day of $Apri$, in the year of 2002 , before me, the
	undersigned, a Notary in and for the said State, personally appeared George and Ardys CRA,IG
	personally known to me (or proved to me basis of satisfactory evidence) to be the person 5 whose
	name spis are subscribed to the within instrument, and acknowledged to me that he/she/they executed the
	same in his/her/their authorized capacity(s) and that by his/her/their signature(s) on the instrument the
,	person(s), or the entity upon behalf of which the person(s) acted executed the instrument.
	WITNESS my hard and and and the same Taxont Taxont Taxont
	FAROUR GEWARGES
	COMM. #1215311 Notary Public in and for said State

QUITCLAIM, RELEASE AND TRANSFER OF INTEREST IN CEMETERY INTERMENT RIGHTS AND/OR MERCHANDISE

					Date	:	-27-04	
KNOW ALL	MEN BY	THESE	PRESENTS:					
THAT I/WE							and the second	
RESIDING A	т		City					
	Street		City	State	Zip			
COUNTRY C)F			Ste	# Of			
RE THE OV	VNER(S) (DF OR H	LAVE A NE BED CEME	FEQUITY INTERE	ST OF \$	S AND/OR 3	MERCHANDISE:	
MT	Hope	B 89	orD	SECTION	LOT	61B,	Grave 2,	Div 3
O HERBY (QUITCLA! ANY, WH	IM, REL ATSOEV	EASE AND VER, IN THI LICABLE, A	SIDERATION, REG TRANSFER ALL E E ABOVE-DESCRIE UTHORIZE ISSUA	IGHT, IN SED CEM	TEREST, TIT ETERY INTE	TLE, USE, CLAIN ERNMENT RIGH	/I, DEMAND, A TS AND/OR
rint Name	<u> </u>	7	Mich	041	- AND HOLL		Telephose	Number
E.	283	٤.	Main	St. #205	EI	CASON	CA-	92021
ddress		Street		City		9	State	Zip
riot Name	SIHAM MICHAEL			Telephone Number				
ddress		Street		City			State	Zip
				LEASE THE BELOV NNECTION WITH				ND ALL LIABI
Vitnessed By	5			Signed this day				
				SIGNATURE:		sware s	- decidence of the second	
				SIGNATURE:				
NAME OF C	EMETERY	ti		SIGNATURE:	ama www.co			
	EMETERY	7:		SIGNATURE:			State	Zip
Address				Cio			Name :	
ACCEPTED	BY	Street	ERD TO:	Authorized Representative		AND/OR EQ		Date
Address ACCEPTED	BY S(S) OF PE LEDGE AN	Street	ERD TO:	City Authorized Representative		and/or eq		Date

MT. HOPE CEMETERY

INTERMENT ORDER

Total of	City of San Diego
olar	Date
You are hereby authorized and instri	ucted, subject to your rules and regulations, to inter the remains
or <u>Freda</u>	Davis 778236
ina Liner	Funeral, date, time Serio OCT & 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 undersig	ned.
Division 12 Section	ZBik/RowLot_80Grave6_
Grave space & Care Fund	DAID 985.00
Grave space & Care Fund	wisay 1 710 660.00
Opening/Closing & Setup	
Burial Container	209.00
Handling Fees	MOUNT HOPE CEMETERY 160.00
Flower vases - Marker setting tee 1.	AND 1-1-18 No. 383 2 P. C.
Recording/Filing/Transfectors	90.00
Sales taxes	CEMETERY 16.20
MOUNT HOP	2004 50.00 E CENIETERY 16.20 Total Due 24928,20 Paid receipt number 7-58065 26.0.00
MOST # 1833. 70	Paid receipt number
Mar # 182.	580 autobe due (833.2
I hereby certify I am the	of the above named deserted isposition of remains as above indicated. I certify and represent
that I have the right to make this aut any liability on account of said autho	horization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in ichold under deed.	Print Name Address City Tolephone Invoice #
	Address
Paulette	City Zip Code
Parice	Tolephone
	Invoice # Des
Work Order # E 18722	Acct. #

ar word

MT. HOPE CEMETERY

INTERMENT ORDER

City of Ban Diego

0000 9127/04

If Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of \$	6 5.00 9.00
Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of \$	3.00
be applied and billed to undersigned. Islan	3.00
ave space & Care Fund	3.00
rave space & Care Fund	3.00
pentime/Lars Anival Fees	3.00
richting/Closing & Sesup 41 Add Pontainer 20 Indiing Fees 46 Therefore setting tes 45 Theref	
andling Fees	
andling Fees	7.00
lower vasss - Merker setting tes	Date (C) GARAGE
The contraction of the contracti	20.00
	0.00
ecology rangrammy rans	0.00
ALL MANY TO THE PARTY OF THE PA	37.20
nereby certify I am the	epresent ses from
Allaw Davis	
oblighed deed Karten and Intermed In lot I	Ŧ "
Illa Dar Diego	
Quelete (2) 2380518	Dip Coop
former and	
Involce #	
fork Order # E 18722 Acct. #	
EA-104 (3-04) This information is available in alternative formats upon	request.
OC 2	
Soul so los (Sotto ()	
M. 10.00 Danel	
AN AN AN ANA OIL)(
View the - 5:00-8:0	/

MT HOPE CEMETERY & 18722

GRAVE BLIND CHECK FORM

Conven	Leon	carco	L X			
<i>O</i> 1.	Lews	Garcia Rubalen				
ntermer ntermer	eck Initiate at space fo at Date:	r. Fred JAH. 10 Hon	da Do	UN'S	10.00	200
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3.00	. 100	-	0.000

AC-212 (Rev. 4-04)

WHITE TO CUSTOMER

MOUNT HOPE CEMETERY (619) 527-3400

Div Sec_ Invoice No. E - 18722	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	Lot SO Grave	. 6
Acct. No	- IN THIS SPACE	20% Sales Care 77184 — 80% Seles 100 of Lots 77184 — Opening/ 100 Closing 77181 —	
BALANCE DUE		Burial 100 Containers 77182 — 100	
Pre-Need Lot □ At Need A On Acct		Handling Fee 77185 — Recording & 100 Misc. Fees 77183 — Pre-Need 63033 Trust 77186 —	660
Pre-need Trust ☐ Cash ☐ Check, AC-212 (Rev. 4-04) O678/174 77 80	X ISSUED BY Paul Tita C.	Sales Tax 60101 78390 TOTAL PAID \$	660
MANAGEMENT THE STATE OF THE PARTY OF THE PAR	THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY	Symmetric Terrigone (Stance) of the Sec-	same gunderstank
OFFICIAL RECEIPT WHITE CAMARY	CITY OF SAN DIEGO, O	450 (250 V 2750 4 05 05 05 0 0 0 0 0 0 0 0 0 0 0 0 0	- P. C.
OFFICIAL RECEIPT	CITY OF SAN DIEGO, O	EALIFORNIA EMETERY	W. W
OFFICIAL RECEIPT	CITY OF SAN DIEGO, CO. TO CUSTOMER CEMETERY MOUNT HOPE CE (619) 527-34	EMETERY OO Late: 10/1 Cajon blud.	580 30%
OFFICIAL RECEIPT WHITE CANARY	CITY OF SAN DIEGO, OF TO CUSTOMER MOUNT HOPE CE (619) 527-34	EMETERY OO Late: 10/1 Cajon blud.	- P. C.
From: CA BULLA C in	CITY OF SAN DIEGO, OF TO CUSTOMER MOUNT HOPE CE (619) 527-34	EMETERY OO Late: 10 / / Cajon blud. Dollars (\$ Lot 8 Grave	580 20921 1833.00
From: CA BULLA C	CITY OF SAN DIEGO, OF TO CUSTOMER MOUNT HOPE CE (619) 527-34	EMETERY OO Pate: 10 / 1 Cajon blud. Dollars (\$ Lot	580 3092 1833.00
From: CA BULLA O in	CITY OF SAN DIEGO, OF TO CUSTOMER CEMETERY MOUNT HOPE CE (619) 527-34 Address: 5880 60 Address: 5880 60 BIN BIN ROW NOT VALID FOR PURPOSES STATED UNLESS	CREDIT 67007 20% Sales Care 77184 20% Sales Care 77184 20% Sales Tris4	580 20921 1833.00
From: CA BULLA C in	CITY OF SAN DIEGO, OF TO CUSTOMER CEMETERY MOUNT HOPE CE (619) 527-34 Address: 5880 60 Address: 5880 60 BIN BIN ROW NOT VALID FOR PURPOSES STATED UNLESS	CREDIT 67007 20% Sales Care 77184 20% Sales Care 77184 20% Sales Tris4	58 109 1833.0 4 197 788
BUMA C Payment of Sec E 18722	CITY OF SAN DIEGO, OF TO CUSTOMER CEMETERY MOUNT HOPE CE (619) 527-34 Address: 5880 60 Address: 5880 60 BIN BIN ROW NOT VALID FOR PURPOSES STATED UNLESS	EMETERY OO Pate: 10 / 1 Cajor blud. Dollars (\$ Lot Grave S CREDIT 87007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100	580 20921 1833.00 4 1971 788

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E- 1872Z APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

9	(QAC)		USE BLACK INK UNLY	- MAKE NO EHASI	JHES, WH	INECUIS OR O	HER ALIERATIC	JNS .		1	
1.4	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C, LAST (FA	MILY)				3. DATE OF DEATH	4. SEX	
1	FREDA		J.	DAKY	S		06/1)	71940	09/24/2004	7_	
5/	CITY OF DEATH			5B. COUNTY ENTER ST.		- OUTSIDE CALIF.,	6. NAME, RELATIO OF INFORMANT	NSHIP, FULL MA	AILING ADDRESS AN	D ZIP (
	SAN DIEGO			SAN D	IEGO		ALLAN DAY				
2.00	CALIFORNIA	SCREMATION	A FUNERAL DIRECTOR OR I	EL.		LICENSE NUMBER PLICABLE	3111 K. S		102		
	5880 EL CA.	JON BLVD.,	SAN DIEGO, CA	92115	FD-1	357			eson taking permit 88. DATE	E SIGNED	
	ACKNOWLEDGEMENT OF A	VPPLICANT I hereby adar of the Health	owindige as applicant that the proposed d and Safety Code, and was authorized pur	suant to Section 7100 of the Health	and Safety Code	201	1800		~ 09/2		
			ACCORDANCE WITH PROVISION		FEE PAID	98. DATE PERMIT 09/28/20	ISSUED IC. SIGNA	TURE OF LOCAL	REGISTRAR ISSUING PE	ERMIT	
000	AUTHORIZATION OF	ITY FOR THE DISPOSITION	N SPECIFIED IN THIS PERMIT.		13.00	J.JBENYA		16608		32.72	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL		VITAL RECO	D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - SE ADD			DDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				35	
	B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS (OTHER .	E. TEMPORARY F. DISINTERMEI G. SHIP IN TO C	NT CALIFORNIA			Name and Address)	DING — REMAINS LOCA		
0	BURIAL		CEMETERY 3751 CA 92102	The state of the s		11B. DATE BURIES	. M	man t	ON IN CHARGE OF BI	URIAL W	
CREMATION =		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMA	ATED 12C. SIGNAT	URE OF PERSO	ON IN CHARGE OF C	RÈMATION	
ML APPLICA	SCIENTIFIC USE	13A, NAME AND AC	DDRESS OF CALIFORNIA FA	ACILITY RECEIVING REI	MAINS	138. DATE RECEI	/ED 13C. SIGNAT	URE OF PERSO	ON IN CHARGE OF F	ACILITY	
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			RE	148. DATE SHIPPE	and the first property of the first section in the	SS AND SIGNAT CING WITH THE	TURE OF PERSON IN E CARRIER	CHARGE	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELI D IDENTIFY FINAL PLACE A IEA, <u>ONLY</u> ENTER LATITUDE	ND CA DISTRICT OF DIS		158. DATE OF DISPOSITION		URE OF PERSO E OF DISPOSIT		E NUMBER OF REMAINS DIS- APPLICABLE	
	town duties of the control of the co					8	P				

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

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/20/04

181	120g by 228224
Type of Burtal Container	Funeral, date, time
nurch Chapel, Graveside	: Kagsaalle 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	d
Division 12 Section 1	Blk/Row Lot 40 Grave 10
Grave space & Care Fund	E17449 55
Overtime/Late Arrival Fees	
Opening/Closing & Setup	PAID
Burial Container	768
landling Fees	SEP 2 7 2004 167 -
lower vases - Marker setting fee	VIDEO
Recording/Filing/Transfer Fees	OHNT HODE CEMETERY
Jacordina Linia Italiana Lagrimi	OUNI RUPE CEMETER!
	11.09
	11.89 Total Due 2
	Total Due
	Total Due
Sales taxes	Paid receipt number Total Due
hereby certify I am the	Paid receipt number Total Due Balance due osition of remains as above indicated. I certify and representization and I agree to hold Mt. Hope Cemetery harmless from
hereby certify I am the hereby certify I am the hat I have the right to make this authority liability on account of said authorize	Paid receipt number Total Due Balance due osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
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MT HOPE CEMETERY (-18723

GRAVE BLIND CHECK FORM

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oiv:		Blk/Row:	:	Gr: <u>(0</u>
Grave	Laid out by: <u></u> வ	man Ferge	m	
Agrees	with Legal Card:	ØYes □ N	· Clas	M
	with Map: A Ye	es 🗆 No	U or	ave
Agrees				

E-1872 3 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		USE BLACK INK ONLY - MA	KE NO ERASURES, WI	HITEOUTS OR O	THER ALTERATIC	ONS .		
1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		1C. LAST (FAMILY)			OF DEATH	4. SEX		
ALODIS		DWIGHT	BAGBY		02/09	/1947 09/2	26/2004	M
A. CITY OF DEATH		***************************************	5B. COUNTY OF DEATH ENTER STATE	- OUTSIDE CALIF.		NSHIP, FULL MAILING		ZIP CODE
WOODLAND I			LOS ANGEL			MEZA - SIST	CER	
A. TYPED NAME AND AD	DDRESS OF CALIFORN	IA - FUNERAL DIRECTOR OR PERSON		LICENSE NUMBER	934 KELTON	ROAD		
ANDERSON-	RAGSDALE MO	RTUARY	1.0	7 7 4 7 10 10 10 10 10 10 10 10 10 10 10 10 10	SAN DIEGO.	CALIFORNIA	92114	20.
5050 FKDE	RAL BLVD.	AN DIEGO CALIFORN	TA 92102		BA. SIGNATURE OF	APPLICANT—Person taking		Carried Contract
ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed disposition at and Safety Code, and was authorized pursuant to Se			>///////	Mille L pok	04/9	9/2004
PERMIT	THIS PERMIT IS ISSUED I	N ACCORDANCE WITH PROVISIONS OF	9A. AMOUNT OF FEE PAID	98. DATE PERMIT	ISSUED 9C. SIGNA	TURE OF LOCAL REGIST	RAR ISSUING PE	RMIT
ALCONOMICATION OF	ITY FOR THE DISPOSITIO	AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT, D RIGHT OF DISPOSAL OUTSIDE OF CALFORMA	#13.00	09/29/	2004	Hamas W	autmoute	AV
		GISTRAR OF DISTRICT OF DEATH			OF DISTRICT OF DISPO			
TVW DECYMPER A NEW		IED IN GALIFORNIA P IGUEROA STREET RH	106 177777		P.O. BOX			
DISPOSITION		CALIFORNIA 90012	ALTERNATION STATES AND ADDRESS OF THE PERSON		IFORMA 9			
O. AUTHORIZED DISPOS				CAMBLE LINE		FOR CORONOR	S USE ONLY	-
A BURIAL (INCLUDE	S ENTOMBMENT)	Г	E. TEMPORARY ENVALILEM	ENT	171.0	ISPOSITION PENDING —	REMAINS LOCA	TED AT
B. CREMATION		ñ	F. DISINTERMENT			fame and Address)		17583 S.T.
	CREMATED REMAINS	OTHER	G. SHIP IN TO CALIFORNIA					
D. SCIENTIFIC USE		ī	D. TRANSIT TO OUTSIDE O	F CALIFORNIA	1			
-	11A NAME AND AD	DRESS OF CALIFORNIA CEMETER	∀	:11B. DATE BURIEL	1 11C SIGNAT	URE OF PERSON IN C	UADGE OF BI	IDIAL
BURIAL	1013035030111305011001001001		92102	0 -	10.5001	_	/	21 112 C
589-C012-1761	MT. HOPE C	100 TO 10	The Sec. 200 (1999)	9-30-0	14 - Kal	MI F	1	47
		T STREET, SAN DIEG		12B. DATE CREM	ATED: 12C SIGNAT	URE OF PERSON JAC	HARGE OF C	REMATION
CREMATION	January Managary			i con con con con	area section			ILMAI IOI
CHEMOTION		7,022 (\$48.0)			_	//		
	134 NAME AND AL	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	VED : 13C SIGNAT	URE OF PERSON IN C	WARGE OF EA	CH ITY
SCIENTIFIC	To a turning Artis Ar	TOTAL OF THE OF	TIEGETTING TEMPING	130, DATE NEGEN	TED 130. SIGNA	ONE OF PENSON IN	Ande Of Th	CILITY
USE		1000			la con			06200
	AAA NAME AND A	M/A	COUNTRY MAJERE	AND DATE CHIEFE	P		F BEBOOK #1	
		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	THE RESIDENCE OF THE PARTY OF T	SS AND SIGNATURE O CING WITH THE CARE		CHARGE
TRANSIT				8				v
		X/A			>	Martin Martin Company	process where	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAIL EA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION		URE OF PERSON IN E OF DISPOSITION	15D. LICENSE CREMATED R POSER — IF	
INAM IN A CEMETERY	8	X/A		8	>		l	

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

Afreed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/28/84

You are hereby authorized and instruct	ted, subject to your rul	es and regulations, to in	nter the remains
oi Siham	Michael	16866	HD
ina liner	Funeral, date, t	ime Hm 194	19:30
Type of Burial Coglainer Church, Chapol Graveside	DAY OF	Reptune.	56 Morylary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work	day or an extra charge	A SAMO
will be applied and billed to undersigne	od	.**	
Division GAR Section 3	Blk/Row	Lot 61B Gra	ve_2_
Grave space & Care Fund	xter!	2-18721	-0
Overtime/Late Arrival Fees	PAID	······	
Opening/Closing & Setup	. ,	•••••••••••••••••••••••••••••	4/3
Burial Container	SEP 2 8 200	4	004-
Handling Fees			160-
Flower vases - Marker setting fem Ot	INT HOPE CE	METET.	
According/Filling/Transfer Fees			S o
Sales taxes		***************************************	16.00
	Paid receipt number	Total Due	848.20
I hereby certify I am the X &	cother	Balance du	named decadent
and this is your authority to make disp that I have the right to make this authoriany liability on account of said authoria I hereby authorize the interment in lot I hold under deed.	rization and I agree to ation and interment.	above indicated. I cent hold Mt. Hope Cemete 3///////////////////////////////////	fy and represent ny harmless from CAMPA len req
Han.	Cay Legisland	(C) 920,)// Zip Code
Work Order # E .18724	Invoice #	·	

MT HOPE CEMETERY & 18724

GRAVE BLIND CHECK FORM

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1 -	6	ARC	ir.		
wells		X ::			
Blind Check In			1.iha	Date: _	9/28
nterment Spac)
Div: GABLE	ect:3 BI	k/Row:	Lot: 🔾	01B G	ir2
Grave Laid out	by: Alors	an fe	*		
Agrees with Le	gal Card: 🔊	Yes [No L	Low or	N a
Agrees with Ma			17	Japo	MOR
Blind Check &				Date:	<u>19/4/04</u>

E-[8724] APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(6)

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

			DOE BLACK INK ONLY - W	MAKE NO EMASON	TES, WIT	ILEGO IS ON C	Inch A	LIENATIONS			
1/	STHAM	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAM	IAEL			2. DATE OF BIRTH MONTH, DAY, YEAR 08/01/1939	3. DATE	OF DEATH	4. SEX
5/	L CITY OF DEATH	CHULA VIST	A	5B. COUNTY C	20000	— OUTSIDE CALIF.,	OF IN	2. DATE OF BIRTH NOTE OF BIRTH NOTE OF BIRTH NOTE OF BIRTH NOTE OF DAY YEAR NOTE OF DAY NOTE OF DAY SC. SIGNATURE OF DAY FOR CORONC I DISPOSITION PENDING INSINE 970 Address C. SIGNATURE OF PERSON IN C. ADDRESS AND SIGNATURE	HAEL/		
		IETY 14065	HAY 8 BUS BL CA.			PLICABLE	ET C	AJON, CA 9202	0	worl 8B. DATE	SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby actor of the Health	nowledge as applicant that the proposed disposition and Salaty Code, and was authorized pursuent to	n stated herein is one of the di Section 7100 of the Health an	spositions auth d Salety Code	orized by Section 103055	N4	Cans RAS	04	09/3	0/2004
	Um homeon or	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITIO	IN ACCORDANCE WITH PROVISIONS OF IT AND SAFETY CODE AND IS THE AUTHO IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	9A. AMOUNT OF F	THE PERSON NAMED IN	98. DATE PERMIT ALAN PR 09/30/20	YOR		L REGISTRA	AR ISSUING PE	RMIT
203		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					-
	A BURIAL (INCLUDE B CREMATION C DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS (TERY)	DDRESS OF CALIFORNIA CEMET		T ALIFORNIA ALIFSIDE OF		D [11	Name and Addres	si.		
	BURIAL		CA 92102	MARKET STRI	SET	10-60	1	KIL	1	n	
BLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMA	ATORY		12B. DATE CREM	ATED 12	C. SIGNATURE OF PER	SON IN CH	HARGE OF CR	EMATION
IL APPLICAE	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMA			AINS	13B. DATE RECEI	VED 13	VED 13C. SIGNATURE OF PERS		IN CHARGE OF FACILITY	
				N RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIP ED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPP	ED 14	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
00	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE				DISPOSITION CHARGE OF DISPOSITION C			15D LICENSE CREMATED RE POSER — IF A	EMAINS DIS-	

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

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

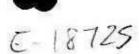
City of San Diego

V , № 250	į.	Date	20104
You are hereby authorized and instructed, sul		The state of the s	SEASON TO SEASON STREET
of Minnie M.	The second secon	22896	A CONTRACTOR OF THE PERSON NAMED IN CONT
in a D.D. Cryp+ (A)	Funeral, date, time F	ri. Oct.	1 12:00
Church Chapel, Graveside	CA	& BURIA	4 L Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or a	an extra charge o	f \$
will be applied and billed to undersigned.		300	
Division 12 Section BI	√Row Lot	102 Grave	<u>, 2</u>
Grave space & Care Fund			1310.00
Overtime/Late Arrival Fees			
Opening/Closing & Setup			549.00
Burial Container			556.00
Handling Fees			468.00
Flower vases – Marker setting fee			
DAID			66.00
			43.09
Sales taxes	<u> </u>		2992.09
SEP 2 8 2004	receipt number 16 S	Due	2992 09
			ATIA OT
MOUNT HOPE CEMETE	RY	Balance due	-10-

alzein.

will be applied and billed to undersigned.		
Division 12 Section 1 Blk/Roo	wLol_102_Grave	<u>2</u>
Grave space & Care Fund		1310.00
Overtime/Late Arrival Fees		_
Opening/Closing & Setup		549.00
Burial Container		556.0
Handling Fees		468.00
Flower vases - Marker setting fee		
MAIN		66.00
Sales taxes		43.0
SEP 2 8 2004	Total Due	299a.0
Pald recei		2992
MOUNT HOPE CEMETERY		0
hereby certify I am the Son	of the above na	med decedent
and this is your authority to make disposition of re that I have the right to make this authorization and any liability on account of said authorization and in	I I agree to hold Mt. Hope Cemetery terment.	harmless from
I hereby authorize the interment in lot I	Print Name Couvence G	Ave
Sphallere of	accounsible CA	7 705
Paulede E 18725	(760) 439-7673 Telephone	·
Work Order # E .18725	Invoice #	
Work Order # E .10/23	Acct. #	





GRAVE BLIND CHECK FORM

		Brewer			
		X	Ladn	ersteen	
		Bell			William
		Beard			
Blind Check Ir	ce for: Min	nie Gre	en	_ Date: _	
nterment Date		- 2		102 0	
Grave Laid ou				100 G	r. <u> </u>
Agrees with Lo	egal Card: 🕅		J No	1109	7
Agrees with M		一旦	lo	1-10	0
Blind Check &	Verified By	(1/h)		Date:	9-29-1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18725

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

			OSE BEACK INK ONE! - WA	INE NO ENASONES,	WHITEOUTS ON C	HITCH ALL	CHANCING			-
14	NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY)			3	DATE OF BIRTH	3. DATE O		4. SEX		
1	MINNIB		MAR	GREEN		- 1	5271071935	09/22	72004	7
199	ESCONDIDO	Sign		5B. COUNTY OF DEA ENTER STATE SAN DIEGO	TH — OUTSIDE CALIF.	OF INFO	RELATIONSHIP, FULL I DRMANT	MAILING AD		ZIP CODE
-	CALIFORNIA	CREMATION	A FUNERAL DIRECTOR OR PERSON & BURIAL CHAPEL SAN DIEGO, CA 921	ACTING AS SUCH 78. CA — IF		1122 LOS A	S. RIMPAU INGELES, CA URE OF APPLICANT	90019	nt 88. DATE	SIGNED
	ACKNOWLEDGEMENT OF	APPLICANT I hereby acknowledge of the Health	rowledge as applicant that the proposed disposition a and Balaty Code, and was surhorized pursuant to S	stated herein is one of the dispositions action 7100 of the Heelth and Salety	authorized by Baction 103055 Code	1	CORD SEN	W	09/2	7/2004
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. DRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	412 00	09/27/20 J.BENY	004	c. SIGNATURE OF LOCAL	L REGISTRAF	R ISSUING PER	AMIT .
1	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VITAL RECO	EGISTRAR OF DISTRICT OF DEATH RED IN CAUFORNIA BOX 8522 CA 92186-5222	N. T.	ORESS OF REGISTRAR DISPOSITION IS TO OCCUR					_
10	. AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ABLE ITEMS				FOR CO	RONOR'S L	JSE ONLY	
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	F CREMATED REMAINS (ETERY	OTHER [F. DISINTERMENT G. SHIP IN TO CALIFOR D. TRANSIT TO OUTSID	NIA		I. DISPOSITION PE (Name and Address	0		
	BURIAL	MT. HOPE	CEMETERY 3751 MA 0, CA 92102		10-1-0	200	SIGNATURE OF PERS	SON IN CHA	med or bu	HIAL .
BLE ITEMS	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREM	ATED 12C.	SIGNATURE OF PER	SOM N CHA	AGE OF CR	EMATN
ALL APPLICABLE ITEMS	SCIENTIFIC USE	13A. NAME AND AD	ODRESS OF CALIFORNIA FACILITY	PECEIVING REMAINS	13B. DATE RECE	IVED 13C.	SIGNATURE OF PERS	SON IN CHA	ARGE OF FA	CILITY
COMPLETE ,	TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148, DATE SHIPP	(CONTRACTOR OF CONTRACTOR OF C	ADDRESS AND SIGN. OF PLACING WITH TI	AND THE RESERVE AND ADDRESS OF THE PARTY OF	Contract and the Contract of t	CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR D IDENTIFY FINAL PLACE AND CA IEA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITIO	15B, DATE OF DISPOSITIO		SIGNATURE OF PERS CHARGE OF DISPOS	ITION	15D. LICENSE CREMATED RE POSER — IF A	MAINS DIS

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

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

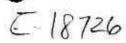
City of San Diego

10/8616 Page

You are hereby authorized and instructed	subject to your rules and regulations, to	inter the remains
In a Tope of Buriel Container Church, Chapel, Araveside	Funeral, date, time Thurs	9/30/1100 Je Mortuary
All Funeral cars must arrive before 3:00 p	.m. of regular work day or an extra charg	
will be applied and billed to undersigned.	DOLL'HEOLO VA CHELO HANNI PERANGANAN AND AND AND AND AND AND AND AND AND	·
Division Section Section Grave space & Care Fund	The state of the s	everice everice
Overtime/Late Arrival Fees		
pening/Closing & Setup		<u>549</u>
Burial Container		
Handling Fees	SEP 2 8 2004	
Flower vases - Marker setting fee		
Recording/Plling/Transfer Fees MOUN	T HOPE CEMETERY	_ do_
Sales taxes		
F	Total Due	015-
	Balance	
I hereby certify I am the sand this is your authority to make disposithat I have the right to make this authorizeny liability on account of said authorization.	sifiòn of Yemains as above indicated, I c ation and I agree to hold Mt. Hope Ceme	ve named decedent ertify and represent etery harmless from
I hereby authorize the interment in lot I hold under deed.	X WE ROSE L.	ewis 0 St
tam	X 5AN DIE 60, C X 619-469-38	THE GE
Work Order # E 18726	Invoice #	

Spaper

MT HOPE CEMETERY



GRAVE BLIND CHECK FORM

	Cain	Gilbert	-		
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	Lindson	lindsay			
nterment spa	ce for: MC e: TWA	20190	ime: <u>\</u>	ntin)
Grave Laid ou	ut by: <u>¶o~~</u> egal Card: □	<u>~</u> ₽e Yes □	J NO L	ag on	0.
	lap: ☐ Yes & Verified By:_	DARKE		_ Date:	9-29-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18726

HUMAN REMAINS

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3	5.3

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DE	
MONNS		_	TURNTINE.	JR.		MONTH, DAY, YEAR MONTH, DAY, YEAR 09/25/2004 M		
5A. CITY OF DEATH			5B. COUNTY OF DE	ATH - OUTSIDE CALIF		E, RELATIONSHIP, FULL	MAILING ADDRES	S AND ZIP CODE
LA JOLLA			SAM DIEGO		ANNA	FORMANT E. TUENTINE	, WIFE	
		IA - FUNERAL DIRECTOR OR PERSON	TOTAL TOTAL STREET, ST	ALIF. LICENSE NUMBEH IF APPLICABLE		BERNARD ST.	, S	
		TUARY; 5050 FEDER		2022	400000000000000000000000000000000000000	DIEGO, CA 92		
34200Kanely	CABBERRO2			-1329		NATURE OF APPLICANT	Person taking permit BB	DATE SIGNED
ACKNOWLEDGEMENT OF A		nowledge as applicant that the proposed disposition and Safety Code, and was authorized pursuant to S	action 7100 of the Health and Sale	y Coss.	100	lancange	and the second second	09/28/200
		N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR	9A. AMOUNT OF FEE P	AID 98, DATE PERMI	IT ISSUED	9C. SIGNATURE OF LOCA	AL REGISTRAR ISSU	JING PERMIT
		N SPECIFIED IN THIS PERMIT.	(Markey Carlott			2416595		**
AUTHORIZATION OF LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES N	O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		B. CAMP	The Control of the Co			¥
ANY CHANGE IN DISPOSI-		EGISTRAR OF DISTRICT OF DEAT		DDRESS OF REGISTRAF		ICT OF DISPOSITION — IER DISTRICT IN CALIFORNIA		25
THOSE TIPOL STORE & LUTHE		RED IN CALIFORNIA	\$5, 23	Distribution to 10 occ	00.000.00000000000000000000000000000000	DISSIPOT NULL CHINA		
		CA 92186-5222	•			-		
10. AUTHORIZED DISPOS						FOR CO	DRONOR'S USE	ONLY
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	B ENTOMEMENT)			ULIMENT		(Name and Address	ENDING — REMAIN: 8)	S LOCATED AT
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U. SCIENTIFIC USE	1	3		DE OF GALIFONNIA				
9e/09890 U		DORESS OF CALIFORNIA CEMETE		11B. DATE BURIL	ED 11	IC. SIGNATURE OF PER	SON IN CHARGE	OF BURIAL
BURIAL	AND CONTRACTOR OF THE PROPERTY OF THE	EMETERY, 3751 MAR	KET STREET	0 20	21/	111	1	_
7	SAN DIEGO,	CA 92102		9-30	04	(1/1	1111	un C
00	12A, NAME AND A	DDRESS OF CALIFORNIA CREMAT	TORY	12B. DATE CREE	MATED 1	C. SIGNATURE OF PER	SON IN CHARGE	OF CREMATION
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		-			4			
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SCIENTIFIC	13A. NAME AND AL	DONESS OF CALIFORNIA FACILITY	HECEIVING HEMAINS	138. DATE HELE	EIVED 1	3C. SIGNATURE OF PER	ISON IN CHANGE	OF FACILITY
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TRANSIT	HEMAINS OR	CREMATED REMAINS ARE TO BE	SHIPPED	1		OF PLACING WITH THE CARRIER		
TRANSIT	1	(**				£		
	15A ADDRESS NE	AREST POINT ON SHORELINE, OF	OTHER DESCRIPTION	15B. DATE OF	- 1	5C. SIGNATURE OF PER	SON IN 150-1	ICENSE NUMBER OF
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THAN IN A CEMETERY		-		3				
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COPY 2 IS RETAINED BY THE 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

ina Lines 1	Euneral, date, ti	ma Thus	Defe	1 30/1
Type of Burial Container Church, Chapel, Graveside	555.6	CABU		Mortuary
All Funeral cars must arrive before 3:00 p.m	n. of regular work	day or an expra	charge of \$	a
will be applied and billed to undersigned.		155.1		
Division 12 Section 2	Blk/Ro <u>w</u>	Lot 91	Grave	11
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Overtime/Late Arrival Fees	<u> </u>			
Opening/Closing & Setup		\		
Burial Container	1 1)	·············· —	
landling Fees		/ 		
Flower vases - Marker setting fee				
Recording/Filing/Transfer Fees				
Sales taxes				
		Total Que		
		130	-015 61360	
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hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization liability on account of said authorization hereby authorize the interment in Id	on of semains as	Bala	ahove name	d deceden
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hereby certify I am the	on of remains as ion and interment. Port Name Address City	Bala	above name I certify and emetery har	d deceden d represen miess from Zip Coda

MT. HOPE CEMETERY

INTERMENT ORDER

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Date	1	00	07	

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	MT. HOPE CEMET	TERY	
1	INTERMENT O	RDER	
rolld	City of San Die		
atried		Date 9-20	7-04
You are hereby authorized an	y Christophe		1
Church Chapel, Graveside	er Funeral, date	CA Buris	
All Funeral cars must arrive b	efore 3:00 p.m. of regular wo	ork day or an expandicharge	1015 166
will be applied and billed to ur	N 12 N(2) 56	140 TO 150 WHO 1570	West Western
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Flower vases - Marker setting	fee	***************************************	
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Sales taxes			16.20
		Total Due	18330
	Paid receipt numb	F-58061	1833.2
I hereby certify I am the	Husband		named deceder
and this is your authority to n that I have the right to make t any liability on account of said	his authorization and I agree I authorization and interment	to hold Mt. Hope Cemet	ery harmless from
hereby authorize the interme	ent in lot I	ERALD L. CH	
Gerald & Chr	Masouss SAA	V DI EGO	9211
aulater = 107	City Coll Telephon	9-264-51	49 2000
_ 107	100 Invoice	e#	
Work Order # E 187	Z 8 Acct.	#	

MT HOPE CEMETERY 2- 18728

GRAVE BLIND CHECK FORM

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	20 Muss.	x			
	Johnson Johnson		Enz		
Blind Ch Intermed Intermed	neck Initiated By: nt space for: nt Date: 9/30 Sect:	Pauletts Melor 104 BIKIROW:	ly Ch Time: Lot: .	Date:	929/04 Ren husek
Grave L	aid out by: <u>Acr</u>	man fr	nguen		
Agrees	with Legal Card:	☐ Yes	⊃ No _	1.4	
Agrees	with Map: 🛛 Ye	es 🗇	No F	100	
Blind Cl	heck & Verified I	Ву:		_ Date:_	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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	F DECEDENT—FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX		
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SA. CITY OF DEATH			5B. COUNTY OF DEATH	- OUTSIDE CALIF., 6	OF INFORMANT CEDALS		ALCOHOLOGICA	
NATIONAL C	10 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10		SAN DIEGO		GERALI	L CHRISTOP	HEK-	
		IA - FUNERAL DIRECTOR OF PER		LICENSE NUMBER	312 GINNA PLACE	SANDDIEGO	CA	
Contract the second sec	CREMATION			67/67/87/67/6	TITALIEEWAS SELECTION	92108	2010	
5880 KL CA		SEE DIEGO CA 92		CONTROL TO CO.	A. SIGNATURE OF APPLICANT			
ACKNOWLEDGEMENT OF	APPLICANT of the Health	nowledge as applicant that the proposed dispos and Salety Code, and was authorized pursuan	ition stated herein is one of the dispositions aut it to Section 7190 of the Hoalth and Salety Cod	nonzed by Section 103055	witten 1st	LEC 09/2	28/200	
PERMIT		N ACCORDANCE WITH PROVISIONS O		9B. DATE PERMIT IS		AL REGISTRAR ISSUING P	ERMIT	
100 L0 120 L0 12		AND SAFETY CODE AND IS THE AUTH IN SPECIFIED IN THIS PERMIT.	STATE AND ADDRESS OF THE PARTY	09/29/200	COST OF THE PARTY		9.€3	
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ANY CHANGE IN DISPOSI-		EGISTRAR OF DISTRICT OF DE RED IN CALIFORNIA	-Alli	PROPERTY AND LONG TO STATE OF THE PARTY OF T	DISTRICT OF DISPOSITION — ANOTHER DISTRICT IN CALIFORNIA			
TION REQUIRES A NEW PERMIT TO SHOW FINAL		DS P.O. BOX 85	222					
DISPOSITION		CA 92186-5222		-				
10. AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ABLE ITEMS			FOR C	DRONOR'S USE ONLY		
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B. CREMATION	0.0000000000000000000000000000000000000		F. DISINTERMENT		(Name and Address	e)		
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



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MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

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Church O	Company of the same	aveside	140			مطح	<u>ale</u>	Mortuary
All Funera	cars mu	st arrive befo	re 3:00	p.m. of regu	lar work day	or an extra	a charge of \$	
vill be app	lied and	billed to unde	ersigned	¥1.				
Division	11	_ Section _	1	_ Blk/Row		Lot	Grave	_1_
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Overtime/L	ate Arriv	al Fees		13/39/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2				
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and	INTERMENT		-	112
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	\$15,300,500,000,000,000,000,000,000,000,00			0 - 10 m

Mrt: Ms. Smith

MT HOPE CEMETERY E-18729

GRAVE BLIND CHECK FORM

		6nobe	Thorne	
Gehorek	ona	х	SMALL	Kulhay
	Lean		MCG:11	

Blind Check Initiated By: Date: 9/28
Interment space for: Cornell Small
Interment Date: Tues 10 5 Time: 11:00
Div: 1 Sect: Blk/Row: Lot: 79 Gr: 1
Grave Laid out by: Norman Fanger
Agrees with Legal Card: Yes
Agrees with Map: Thes ONO
Blind Check & Verified By Date: 10- 4

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

AINS (

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

	ORNELL	NT-FIRST (GIVEN)	1B. MIDDLE					2. DATE OF BIRTH	700,000,000	OF DEATH	4 SEX	
	SAN DIEGO		*		SAN DIE	Ğ0		PIER	RELATIONSHIP, FULL FORMANT RE FRAZIER,	NEPHE	W.	ZIP CODE
	ANDERSON-K		A-FUNERAL DIRECTOR	PEDEN		B CALIF I — IF APP FD-13		SAN I	MONARCH RID DIEGO, CA 92	109	We defined	
-	ACKNOWLEDGEMENT OF A	PPLICANT I hereby ade of the Health	nowledge as applicant that the prop and Safety Code, and was author	posed disposition stati ized pursuant to Sect	and herein is one of the dis tion 7100 of the Health and	positions authorists Safety Code	orized by Section 109055	1	lan Cly	Du	11 1202 22	4/2004
	- FLORIT	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PRO AND SAFETY CODE AND IS N SPECIFIED IN THIS PERM O RIGHT OF DISPOSAL OUTSIDE	THE AUTHOR-	9A. AMOUNT OF F	EE PAID	98. DATE PERMIT 10/04/20 B. CAMPI	004	9C. SIGNATURE OF LOC. 2416858	AL REGISTR	AR ISSUING PE	RMIT
Sec.	NY CHANGE IN DISPOSI- TION REDURES A NEW PERMIT TO SHOW FINAL	TTAL RECOR	EGISTRAR OF DISTRIC RED IN CALIFORNIA IDS, P.O. BO CA 92186-52	X 85222	PO - 12				CT OF DISPOSITION — ER DISTRICT IN CALIFORNIA			
	A BURIAL (INCLUDE: B. CREMATION C. DISPOSITION OF THAN IN A CEMET O. SCIENTIFIC USE	S ENTOMBMENT) CREMATED REMAINS			E. TEMPORARY E F. DISINTERMENT G. SHIP IN TO CA D. TRANSIT TO O	LIFORNIA			i Disposition P (Name and Addres	ENDING — F	GUSE ONLY	TED AT
_	BURIAL	MT. HOPE	CEMETERY, 3 CA 92102				118 DATE BURIE	1	C. SIGNATURE OF PER	ISON IN CH	HARGE OF BL	IRIAL
APPLICABLE MEMS	CREMATION	12A. NAME AND A	ODRESS OF CALIFORN	NIA CREMATO)RY		128. DATE CREM	ATED 12	C. SIGNATURE OF PER	RSON IN C	ARGE OF CE	REMATION
ALL APPLICA		13A. NAME AND AL	DDRESS OF CALIFORN	NIA FACILITY I	RECEIVING REMA	UNS	138. DATE RECEI	VED 13	C. SIGNATURE OF PER	RSON IN CH	HARGE OF FA	CILITY
COMPLETE			ODRESS IN RECEIVING CREMATED REMAINS				14B. DATE SHIPP	ED 14	4C. ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHO DIDENTIFY FINAL PLA BEA, ONLY ENTER LATI	CE AND CA D	ISTRICT OF DISP		15B. DATE OF DISPOSITION	2.1	5C. SIGNATURE OF PER CHARGE OF DISPO		150 LICENSE CREMATED R POSER — IF /	EMAINS DIS-

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

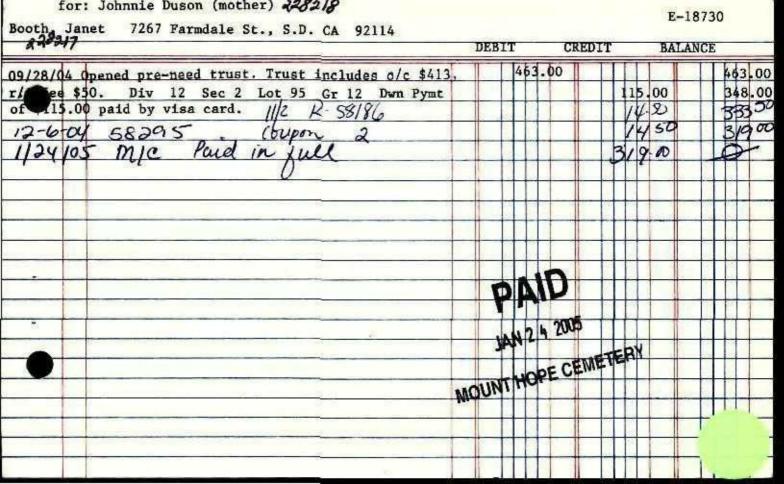
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date	9	28	04	

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Type of Burial Contains 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 Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container..... Handling Fees..... Flower vases - Marker setting fee Recording/Filing/Transfer Fees Balance dues I hereby certify I am th of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Print Name hold under deed. Artrines Zio Code City Invoice a F 18730 Acct. #



Out & Dust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/28/04

יים	Pag.
You are hereby authorized and instructed,	, subject to your rules and regulations, to inter the remains
or you havet	BOOK (228217)
ina D.D. ERVOT	Funeral, date, time
Type of Burlel Container Church, Chapel, Graveside	; Mortuary.
Charles and Charle	
will be applied and billed to undersigned.	o.m. of regular work day or an extra charge of \$
Division 12 Section 2	Blk/Row Lot _95 _ Grave _//
Grave space & Care Feb .A.I.	985.00
Overtime/Late Arrival Bees	2 D 413.00 826.00 418.00
Opening/Closing & Setup.	20 413.00 826.00
Burial Container JAN 2 4 2003	418.00
Handling Fees	NETERY 352.00
Flower vasa Quencer setting fee	<u></u>
-) [14시간] [15.1] [16.1] (1.1] [17.1] [17.1] [17.1] [17.1] [17.1] [17.1] [17.1] [17.1] [17.1] [17.1] [17.1] [17.1]	Z D 50,00 100.00
Sales taxes 1) S	32.40 Total Due 37/3.40 aid receipt number 25 7 Jacks 678, 80 Balance due 20 35.40
ay". here	Total Due 154 27/3.40
W - Air And	Bid receipt number 25% whith 678.00
3000	Balance due 20 35.40
I hereby certify I am the and this is your authority to make disposit	of the above named decedent ition of remains as above indicated. I certify and represent
that I have the right to make this authoriza any liability on account of said authorization	ation and I agree to hold Mt. Hope Cemetery harmless from on and interment.
	ou n
I hereby authorize the interment in lot I hold under deed.	Prior Name
	Address Look 9
Signature	City La Code
Quillette	Print Name Address City Totaphone Invoice # Acct. #
O Wer	1000100
700 - 10771	Invoice #
Work Order # E 18731	Acct. #

	D	ebi	t		Cred	lit		Bala	ince	
9/28/04 Opened pre-need lot/trust account. Trust includes				5.00			21111		985.	
TW /C \$826.00, B/C \$418.00, H/F \$352.00, TWO R/F Fee \$1	100.	00	172	8.40			1		2713.	40
Sales Tax on D.D. Crypt. Division 12 Sec 2 Lot 95 Gr 11							8.00		2035.	
11-2-04 R-58186						8	5.00		1990	249
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CITY OF SAN DIEGO, CAL	LIFORNIA E	-187	51
MER HOUNT HODE OF I	IETERY		5829
			J U L .
(618) 527-3400	0		
Date	. Dec.	6	. 20 0
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ALID FOR PURPOSES STATED UNLESS	1		3035
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ΡΔΙΙ	80% Sales	100	
i Aib	Opening/	100	
PEG A			- 10
DEC - 6 2004		77182	-
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MOUNT HODE CEMETERY	Misc. Fees		
MOUNT HOPE CEMETER!	L 10-14000	63033 77186 ———	14
20 V/11	Sales Tax	60101	A 16
DBY M. Villega	Sales Tax		11/
	MOUNT HOPE CEN (619) 527-3400 Date Address: 7267 Agamo - need trust Blk/ Row Lo VALID FOR PURPOSES STATED UNLESS PED "PAID" DEC - 6 2004	Address: 7267 Aumdale SI. Address: 7267 Aumdale SI. Address: 7267 Aumdale SI. BIN Lot 95 PAID DEC - 6 2004 MOUNT HOPE CEMETERY (619) 527-3400 Date: Dec Lot 95 CHEDIT 20% Sales Care 80% Sales Care 80% Sales of Lots Opening/ Closing 8 Burist Containers Handling Fee Recording & Misc. Fees Pre-Need	MOUNT HOPE CEMETERY (619) 527-3400 Date: Dec. (e

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OFFICIAL RECEIPT	CITY OF SAN DIEGO	O, CALIFORNIA E-1	8721
	MOUNT HOPE		58186
	,	Date: 11 2	. 20 <u>0 U</u>
hivetin Nino	Address: Fairmai		D. 99,50
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Invoice No. E-18730/E-1 Acct. No.	8)3 NOT VALID FOR PURSASED UNI	20% Sales Care 77184 - 80% Sales 100	99.50
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``		Trust 77186 - Sales Tax 60101 78390 -	
	From: Divet Book Investig Nive In Payment Div 12 s Invoice No. E-18780 / E-1 Acct. No. W.O. BALANCE DUE 333 .570 Pre-Need Loty At Need 1 On A	From: Autot Rooth Address: Form: Add	From: Address: House

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA	
	TO CUSTOMER MOUNT HOPE CEMETERY (619) 527-3400	58294
From: ganel Boar	H Address: 7267 Handale D	J. S. N. (A. 9211
in part Payment	ty-jure - 900	Dollars (\$
Div 12 s	ec 2 Blk/ Lot 95	Grave
Invoice No. <u>E - 18731</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 20% Sales Care 80% Sales of Lots Opening/	67007 77184 100 77184 100 7100 100
BALANCE DUE 1,865 90	DEC = 6 2004 Closing Burlal Containers Handling Fee Recording &	77181
10 March 1990	MOUNT HOPE CEMETERY Misc. Fees Pre-Need Trust	77163
AC-212 (Rev. 4-04) This information is available in alternative formats upo	25 ISSUED BY 11-VULCEGO TOTAL PAID	s 85 -

MT. HOPE CEMETERY

INTERMENT ORDER

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FA) A = 1
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City of San Diego

Na samuel	Only or Carr Diago	Date 9/29/	104
You are hereby authorized and instruct	STREET, STREET, AND STREET, ST	28244	
in treater tribing	S WELVE S	TUES	+ 11.
n a Liner Type of Buriel Confain	Funeral, date, ti	me Wor Oct.	5 11:00
Church, Chapel, Graveside DELIV	lary only:	JAY VIEW	Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work	day or an extra charge o	20000
will be applied and billed to undersigne	d		
Division /A Section /	Blk/Row	Lot 108 Grav	_e 2
Grave space & Care Fund			1310.00
Overtime/Late Arrival Fees			_
Opening/Closing & Setup		ın	549.00
Burial Container		ND	278.00
Handling Fees		5 2004	213.00
Flower vases - Marker setting lee			NAME AND ADDRESS OF
Recording/Filling/Transfer Fees		E CEMETERY	21.54
The second secon	Paid receipt number	Total Due	2437.54
CHECK 55627 558 694 pages Check 55627 558 694 pages I hereby cartify I'am the	. 1 - 30 10 10 10 10 10 10 10 10 10 10 10 10 10	Balance due	D
I heréby certify l'am the and this is your authority to make disp that I have the right to make this author any liability on account of said authorize	osition of remains as rization and I agree to	above indicated. I certify	amed decedent y and represent y harmless from
hereby authorize the interment in lot I hold under deed.	Print Name	7	
	Address	1 00	* /
Signature	City	Ser at coop	Zip Code
1000 10	Telephone	2000	_
Ulel gos Facion)	(QUE L	
WAR CEE 18732	# ediovnl	W AT	
Work Order # E 0 / 3 Z	Aoct. *_		



GRAVE BLIND CHECK FORM

	x	snedley)	÷	6rer
5,106				
Blind Check Initiated By: <u>four</u> Interment space for: <u>Frederic</u> Interment Date: 10 904	ulett c Tho	mpson P	_ Date:	10/4 = 0364 elivery on
Div: 12 Sect: 1 Blk/F				
Grave Laid out by:	1	Sugar	<u></u>	
Agrees with Legal Card: DYe	es	□ No	G .	
Agrees with Map: Yes		No	Mag	
Blind Check & Verified By:			Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ud.

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR
FREDERIC 5A, CITY OF DEATH		THOMPSON 58. COUNTY OF DEATH	- OUTSIDE CALLE A	12/09/1939 NAME, RELATIONSHIP, FULL MA	09/03/2004 M
IA MESA 7A 19PED NAME AND AL BAYVIEW CR	DDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR F EM. & BURIAL, \$15 THIRD A, GA 91911	ENTER STATE SAN PERSON ACTING AS SUCH 78 CAUF AVER #315-B	DIEGO LICENSE NUMBER PLICABLE	OF INFORMANT MARCO DE LA TOBA 5201-A RUFFIN RD. SAN DIEGO, CA 921 BA SIGNATURE OF APPLICANT—	- PUBLIC GUARDIA
ACKNOWLEDGEMENT OF A	I have be necessarily as an experience that the appropriated	sposition stated herein is one of the dispositions aut suent to Section 7100 of the Heelth and Safety Code		Elmin 12	09/29/20
The state of the s	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISION THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE A TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CA	АСНТИ	98. DATE PERMIT IS 09/29/200 R.MARTINI	SUED 92. SIGNATURE OF LOCAL 2416649 EZ	REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF VITAL RECORDS P.O. BOX 8 SAN DIEGO, CA 92186-5222	5222 IF DISF		DISTRICT OF DISPOSITION — NANOTHER DISTRICT IN CALIFORNIA	
B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE BURIAL	CREMATED REMAINS OTHER	E. TEMPORARY ENVAULTM X F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O EMETERY MARKET ST.	8811	(Name and Address) 11C. SIGNATURE OF PERSO	DING — REMAINS LOCATED AT
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA C		12B. DATE CREMAT	1912	ON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	19B. DATE RECEIVE	ED 13C. SIGNATURE OF PERSO	ON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS 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	IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSO CHARGE OF DISPOSIT	

COPY 2 IS RETAINED BY THE 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

in a	Funeral, date, time
Type of Burtal 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 undersig	gned.
Division Section Grave space & Care Fund	2 Blk/Row Lot 90 Grave 2
Opening/Closing & Setup	PAID
landling Fees	OCT 3.1.2005
	MOUNT HOSE CENTETER: 0185
I hereby centify I am the X and this is your authority to make of that I have the right to make this au any liability on account of said author	Paid receipt number Balance due 39 ci the above named decedent thorization and ragree to hold Mt. Hope Cemetery harmless from prization and interment.
hereby authorize the interment in I hold under deed,	Camino Ort
Fam	(50 92180) 789 1403 260000
Work Order # E .18733	Acct. #
U.S. CONTRACTOR OF CONTRACTOR	

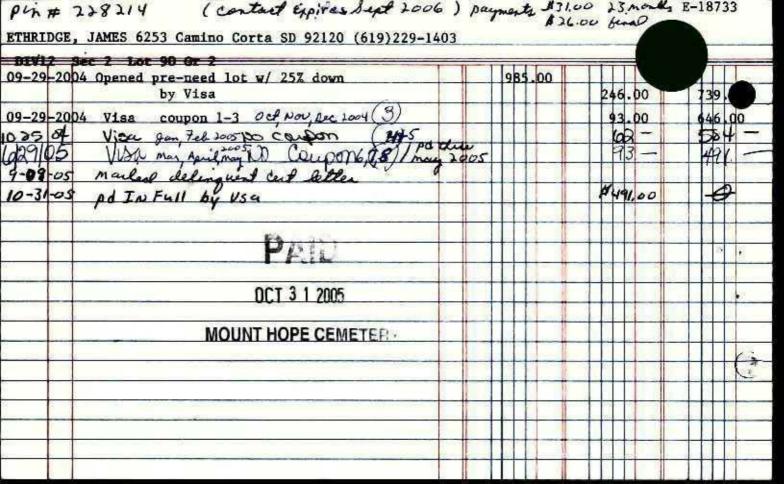
A Printed on recycled paper

marging 1) and

WITHESS our hands this day and year above written.

Deed to be issued to: Name Address PURCHASER CITY OF SAN DIEGO Mt. Hope Cemetery

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Dale 9 29/04

of	Mom	as Do	LVIS			
in a	T.8.	rault		Funeral, date,	time	
Church,	Chapel, G	of Burial Container Traveside			Rack	dale Monuary
_				p.m. of regular work	day or an extra o	harge of \$
will be ap	oplied and	billed to und	ersigned			
Division	12	Section	2	Blk/Row_	Lot 5 4	Grave 6
Difficulty.		5-95/11101/27/16	.62		-25/96-3	~~~
						1119 1
Handling	Fees		mongine			
00050050000	610/01/02/02/02/02					
Recordin	g/Filing/T	ransfer Fees				//////////////////////////////////////
Sales tax	xes	7		\sim		
)		Total Due	//gua
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					Bala	nce due
l horoby	certify I a	m tha			of the	above named decedent
and this that I hav	is your at ve the righ	thority to ma	s author	osition of remains as ization and I agree to ation and interment.	above indicated	I certify and represent emetery harmless from
I hereby hold und	authorize ler deed.	the intermen	t in lot l	Print Name		
				Address		
Signature				Chy		Zip Code
0	Lett	e		Teinphone		
Par	<i>slett</i>	e 1873	Z A	Invoice		

AT NEW

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

REA-104 (3-04)

City of San Diego

Date 9-30-04

You are hereby authorized a	and instructed	subject to your	rules and regula	tions to inter	the remains
Thomas		am Da		18239	
ina D.D. Cit	pt(A)	Funeral, date	e, time Sat	. Oct. o	2 11:00
Type of Burlar Colle Church, Chapel, Graves de	ner \	- 8	Rags	dale	Mortuary.
All Funeral cars must arrive	before 3:00 p.	m, of regular wo	ork day or an ex	Ira charge of \$	165.00
will be applied and billed to	undersigned.	5			-
Division 12 Secti	on 2	Blk/Row	Lot_ 5	4 Grave	6
Grave space & Care Fund.				1	918500
Overtime/Late Arrival Fees	SA.	Γ			660.00
Opening/Closing & Setup					413.00
Burial Container					418,00
Handling Fees	DA	n			352.00
Flower vases – Marker setti	ing fee	10			
Recording/Filing/Transfer F	00%pED-2-0	2004			50.00
Sales laxes					32.40
evenous en la la la compania	UODE	CEMETE	RYTotal Due	ā	250.40
+050 5033 MOL	MI HOLE	id receipt numb	er R-58	068	860,00
1050 50 50 8 05				alance due	250.40
hereby certify I am the	dau	ghter		the above nam	660
and this is your authority to hat I have the right to make any liability on account of sa	this authoriza	tion and I agree	as above indica to hold Mt. Hop	ted. I certify a	nd representa
basely and area the letter		vA.	DOELA K	RETSCh	00 A B
hereby authorize the internologunder deed.	nent in lot i	Print Nan	ne J	EKER	E-177.00
buch & Ku	Aschu	CANDURSS	~		
Synature /	700	Shy /		OCA C	Zin Gode
Paulette P	عوامووا	Telephon		9-6477	•
T 18	735	Invoice	e#		
Work Order # E .18		Acct.			

& Printed on recycled paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY E- 18735

GRAVE BLIND CHECK FORM

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*	QM)	chi	CAS YUR		Durcas	
			Smith			
Interment	space fo	\mathcal{M}^{c}	Pamonas	Da	2JU	9/30
			Blk/Row: _		The second second second	r: <u> </u>
Grave La	id out by:	Noon	m Fe	~~		
			Yes C	0	Parllet	
Agrees w	ith Map:	☐ Yes		No	J)	
Blind Che	eck & Ver	rified By:	DAKKE	\	Date:	16-1-04

(1)

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF I		4. SEX
THOMAS	- PAT - ADC	WILLIAM	DAVIS			15/08/1937	0972472		M
OCEANS IDE			5B. COUNTY OF DE ENTER STATE SAN DIEGO	ATH — OUTSIDE CALIF.,	6. NAME, OF INF	PELATIONSHIP, FULL ORMANT DAVIS, WIF	. MAILING ADDR	IESS AND	ZIP CODE
ANDERSON-RA	AGSDALE MOR	IA-FUNERAL DIRECTOR OR PERSON TUARY; 5050 FEDERA	AL BLVD	LIF LICENSE NUMBER APPLICABLE	OCEAN	NORMOUNT R SIDE, CA 9	OAD 2056		€
SECOLEGO,	60					TURE OF APPLICANT-	Person taking permit		
ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed disposition at and Safety Code, and was euthorized pursuent to Se			>Bla	i ky i	~	09/30	0/2004
PERMIT AUTHORIZATION OF LOGAL REGISTRAR	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A AMOUNT OF FEE PA	98. DATE PERMIT 09/30/20 B. CAMPB	004	SC. SIGNATURE OF LOC 2416759	AL REGISTRAR IS	SUING PEF	RIMIT 1
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	IF DEATH OCCURP	EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA RDS , P. 0 BOX 8522 CA 92186-5222	IF.	IDRESS OF REGISTRAFI DISPOSITION IS TO OCCUP			É		
10 AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ABLE ITEMS				FOR C	ORONOR'S USI	ONLY	
B. CREMATION (C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	I 11A. NAME AND AC	OTHER ODRESS OF CALIFORNIA CEMETER CEMETERY, 3751 MAI		00 00 00 00 00 00 00 00 00 00 00 00 00	D 11C	SIGNATURE OF PER	RSON IN CHARG	GE OF BUR	RIAL
	SAN DIEGO	, CA 92102		10-2-04	1 2	lacman T	en ue	~	
CREMATION	12A. NAME AND A	DRESS OF CALIFORNIA CREMATA	ORY	128 DATE CREM	ATED 120	SIGNATURE OF PER	RSON IN CHARG	SE OF CRI	EMATION
SCIENTIFIC USE	13A. NAME AND AL	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13C	. SIGNATURE OF PER	RSON IN CHARC	GE OF FAC	YTUIC
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPP	ED 140	ADDRESS AND SIGI OF PLACING WITH		RSON IN C	CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR D IDENTIFY FINAL PLACE AND CAL EA, <u>ONLY</u> ENTER LATITUDE AND LI	DISTRICT OF DISPOSITI	15B, DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPO	SITION CR		NUMBER OF MAINS DIS- PPLICABLE

COPY 2 IS RETAINED BY THE 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 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains MATSUHARA Funeral, date, time 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 Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup.....

Balance due I hereby certify I am the of the above named decedent remains as above indicated. I certify and represent and this is your authority

Paid receipt number _

that I have the right to make this authorization	and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	nd interment.
I hereby authorize the interment in lot I hold under deed.	MASAKO MATSUHARA

Masako Matsukara

Recording/Filing/Transfer Fees

9-30-04

18736

Flower vases - Marker setting fee

Invoice #

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18 736

GRAVE BLIND CHECK FORM

YAMA	MIS -	20		Drawa.
du.		MIL.	Hor	Du.
	Marusufe	V3	maruhan	Poniels
	DOHP RTY	NOCTH		

Interment space	for HARI	RV T. MA	TSUHARA	7
Interment Date:		Tries to	The state of the s	
Div: 1 Sec	ct: <u>み</u> Blk	/Row:	Lot: <u>48</u>	Gr: <u>5</u>
Grave Laid out	by: DARRE	fl eNokum	W	
Agrees with Leg				
	n d vos	☐ No	F109	
Agrees with Ma	p. C. 163	24	/	

LISE BLACK INK ONLY ... MAKE NO EDASTIDES WHITEOUTS OF OTHER ALTERATIONS

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1/	NAME OF DECEDE	ENT—FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAN			į,	2. DATE OF BIRTH		OF DEATH	4. SEX
_	HARRY		TOSHIO	MATSU				d5/22/1913 ^a	A CONTRACTOR OF THE PARTY OF TH	72004	M
54	CITY OF DEATH	- Construction of the Cons		58. COUNTY O	OF DEATH	- OUTSIDE CALIF.,		, RELATIONSHIP, FULL FORMANT	MAILING A	ADDRESS AND	ZIP CODE
_	NATIONAL	Company of the Compan		ENTER STA	SAN	DIEGO		RA L. MATSUE	IARA (NIECE)	
7/			IA - FUNERAL DIRECTOR OR PERS	ON ACTING AS SUCH	7B. CALIF.	LICENSE NUMBER	2608	MICHELLE CO	DURT #	В	
		CHULA VIST	VISTA, CA 91910	p i	200000		NATIO	ONAL CITY, C	A 919	50	***********
	733 BRUM	153				D 964	8A. SIGN	ATURE OF APPLICANT	telling to		
	ACKNOWLEDGEMENT OF		rowledge as applicant that the proposed disposition and Salety Code, and was authorized pureuent to						_	10/01	1/2004
	PERMIT		N ACCORDANCE WITH PROVISIONS OF		FEE PAID	9B. DATE PERMIT		9C. SIGNATURE OF LOC	AL REGISTR	AR ISSUING PE	PIMIT
	1507/03/21/04/25/05/05		AND SAFETY CODE AND IS THE AUTHO IN SPECIFIED IN THIS PERMIT.	\$13.	00	10/01/20	104	2416822			[*]
	AUTHORIZATION OF LOCAL REGISTRAR	NOTE: THIS PERMIT SIVES NO	O RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	MA	-	SANDRA I	ANG:	>			
	NY CHANGE IN DISPOSI-		EGISTRAR OF DISTRICT OF DEA					T OF DISPOSITION — R DISTRICT IN CALIFORNIA	a.v		
	TION REQUIRES A NEW PERMIT TO SHOW FINAL	SAN DIEGO	CO. P.O. BOX 852	22		/ <u>##</u> 6	1323,83035				
	DISPOSITION	SAN DIEGO,	CA 92186-5222								
10	. AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ABLE ITEMS					FOR C	ORONOR'S	SUSE ONLY	-
1	A. BURIAL (INCLUDE	ES ENTOMBMENT)		E. TEMPORARY	ENVAULTM	ENT		TI DISPOSITION P	ENDING -	REMAINS LOCAT	TED AT
Ì	B. CREMATION	300100100000000000000000000000000000000		F. DISINTERMEN	IT			(Name and Address	56)	NO-11/W/W/M/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W	
i		F CREMATED REMAINS	OTHER	G. SHIP IN TO C	ALIFORNIA						
Ì	D. SCIENTIFIC USE			D. TRANSIT TO	OUTSIDE O	CALIFORNIA					
-	F	T 11A NAME AND AT	DORESS OF CALIFORNIA CEME	TEBV		11B. DATE BURIE	0 0 110	C. SIGNATURE OF PER	SCON IN CL	ANDRE OF DI	DIAI
	BURIAL	The second secon	OPE CEMETERY			/	/ "	o, signature of Fer	15UN IN U	MANGE OF BU	NIAL A
		11/2/5/2000/07/2000	RKET ST, SAN DIEG	O. CA 9210	2	unte 1	011	ma		-	- 45
			DDRESS OF CALIFORNIA CREM		-	128 DATE CREM	6	III Ten	des	mal	WA
TEMS	02/4/00/40/2000	12A. NAME AND AL	DONESS OF CALIFORNIA CHEM	AIOHY		129 DATE CHEM	KIED 12	C. SIGNATURE OF PER	RSON IN C	HANGE OF CE	EMAILEN
E	CREMATION					•	Ţ.,				
ABL.			Manager and Company of the Company o		01000000		>		SELECTION OF THE SECOND	DIAGONIA CONTRA	59130000
APPLICABLE	CONTRACTOR OF THE PARTY OF THE	13A, NAME AND AD	DDRESS OF CALIFORNIA FACILI	TY RECEIVING REM	IAINS	13B. DATE RECEI	VED 13	C. SIGNATURE OF PER	RSON IN C	HARGE OF FA	CILITY
ALL	178906	TIPPOSTONE E E VIDANTE DO PONACE		9 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2			>	Š			
1		19:50:37:17:15:00:20:00:00:00:00:00:00:00:00:00:00:00:	DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO B		E	14B. DATE SHIPP	ED 14	C. ADDRESS AND SIG			CHARGE
COMPLETE	TRANSIT	MEMAING ON	ONEMATED NEMAMO AND TO	DE ORIFIED			1	OF PLACING WITH	THE CARRI	EH	
8							>				
	The same of the sa		AREST POINT ON SHORELINE, O			15B. DATE OF		C. SIGNATURE OF PER	1000	15D. LICENSE	
	SCATTERING/BURIAL AT SEA OR		D IDENTIFY FINAL PLACE AND C SEA, ONLY ENTER LATITUDE AND		OSITION.	DISPOSITION	,	CHARGE OF DISPO	SITION	POSER — IF A	
	DISPOSITION OTHER THAN IN A CEMETERY	SUDMINISMENTAL SE		2009/2070/uNF35/TE		8					minimization of the
	works made to the control of the	1				<u> </u>	D				

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

Atal.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/30/04

10 To Vault	Funeral, date, tim	Tues	10/5 100
Type of Burlet Container hurch, Chapel, Graveside	39		Will Mortuary
I Funeral cars must arrive before 3:00 p.m.		y or an extra chi	arge of \$
ill be applied and billed to undersigned	NE:		
ivision 12 Section 2 B	lk/Row	Lot 94	Grave 7
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De A	0	Balanc	e due
hereby certify I am the X	San	of the at	ove named deceden
at I have the right to make this authorization	n and I agree to ho	old Mt. Hope Ce	metery harmless from
ny liability on account of said authorization s	and interment.	nx	Dr 1
hereby authorize the interment in lot I	Sign Stand	ling J	Pork
old under deed.	X 78	9 Quic	unar
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GRAVE BLIND CHECK FORM

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E-18737

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1,4	NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMIL)	-611	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 3 PND 09/29/2004
53	CITY OF DEATH	e.		5B. COUNTY OF		B. NAME, RELATIONSHIP, FUL OF INFORMANT ALVIN L. Becke	L MAILING ADDRESS AND ZIP CODE
74		DDRESS OF CALIFORNI gill Mortus , CA 92115	A-FUNERAL DIRECTOR OR PERSO LEY: 6322 E1 Cajo	n Blvd.	CALIF. LICENSE NUMBER — IF APPLICABLE FD-1083	789 Quain Dr. Chino Valley,	ALTER ALLERS AND ALTER AND
	ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed disposition and Safety Code, and was authorized pursuent to			M. Doning	09/29/2004
	5000000	THE CALIFORNIA HEALTH	NACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOI IN SPECIFIED IN THIS PERMIT. DRIGHT OF DISPOSAL OUTSIDE OF CALIFORN	13.00	98 DATE PERMI 10/01/2 M. Domin		CAL REGISTRAR ISSUING PERMIT
*	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	P.O. BOX	GISTRAR OF DISTRICT OF DEAT ED IN CALIFORNIA 85222 CA 92115	rH — 99		OF DISTRICT OF DISPOSITION — IR IN ANOTHER DISTRICT IN CALIFORN	ŭ.
	A. BURIAL (INCLUDE B. CREMATION	CREMATED REMAINS C	OTHER Y		1	I. DISPOSITION (Name and Add	PENDING — REMAINS LOCATED AT 17058)
	BURIAL	Mt. Hope (ORESS OF CALIFORNIA CEMETI Cemetery: 3751 Ma . CA 92102	ery erket St.	10/5/04	11C. SIGNATURE OF PE	ERSON IN CHARGE OF BURIAL
LE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREN	MATED 120 SIGNATURE OF PE	SON IN CHARGE OF CREMATIL
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND AC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			IVED 13C. SIGNATURE OF PE	ERSON IN CHARGE OF FACILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BI		14B. DATE SHIPF	PED 14G. ADDRESS AND SIG OF PLACING WITH	GNATURE OF PERSON IN CHARGE I THE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, O D IDENTIFY FINAL PLACE AND CA EA, <u>ONLY</u> ENTER LATITUDE AND	DISTRICT OF DISPO		15C. SIGNATURE OF PI CHARGE OF DISP	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 0/01/04

You are hereby authorized and instruc	ted subject to your rule	es and regulations to	n inter the remains
of Dames	1 woll	. 007	72686
towa Idaa ani	Funeral, date, t	101 untern	8 1:30
Type of Burtal Container Church, Chapel Graveside		Enckson-A	nderingonuary.
All Funeral cars must arrive before 3:0	00 p.m. of regular work	day or an extra chan	ge of \$
will be applied and billed to undersign	ed		
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Handling Fees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	do
Flower vases - Marker setting fee	OCT 0 1 20	04	
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		Total Due	297.73
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		100000000000000000000000000000000000000	200 Paris
I hereby certify I am the A and this is your authority to make dis that I have the right to make this authorized any liability on account of said authorized	orization and I agree to	above indicated. I c	
I hereby authorize the interment in lot	· <		
hold under deed.	Y O	348 Ripo	ey cct
Signature	Address \	Carn	08080 2
	Chy	3	Zψ Code
Tim	Telephone		
mar Outer F .18738	Invoice #		
Work Order # E 0 / 0 0	Acct. # _		
REA-104 (3-04) This	s information is availab	le in alternative for	nats upon request,

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MT HOPE CEMETERY E 18738

GRAVE BLIND CHECK FORM

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

1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 2 DATE OF BIRTH 3. DATE OF DEATH 4 SEX 10/23/1441 09/28/2004 JAMES ROBERT MENETAL. 5A CITY OF DEATH 58. COUNTY OF DEATH — OUTSIDE CALIF. 16. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE. ENTER STATE OF INFORMANT LA MESA SAN DIRGO KAREN NEWELL-WIFE 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH : 78. CALIF. LICENSE NUMBER 4047 32nd ST. - IF APPLICABLE ECH-ERICKSON ANDERSON CHAPKI, 8390 ALLISON SAN DIEGO, CA 92104 AVE. LA MESA. CA 91941 8A. SIGNATURE OF APPLICANT-Person taking permit : 8B. DATE SIGNED. FD-296 I havely admovisable as applicant that the proposed deposition existed herein is one of the dispositions authorized by Section 100005 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 10/01/2004 ACKNOWLEDGEMENT OF APPLICANT 9A. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 10/01/2004 2416798 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORI-TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **AUTHORIZATION OF** \$13.00 C GRIER NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORMA LOCAL REGISTRAR 3 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION --9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH ANY CHANGE IN DISPOSE TTAL RECORDS...PO BOX 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT 1 I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY. 11B. DATE BURIED 11C. SIGNATURE OF PERSON-IN-CHARGE OF BURIAL SOURT HOPE CEMETERY 3751 MARKET ST. BURIAL SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARG OF CREMATION CYPRESS VIEW CREMATORY 3953 IMPERIAL CREMATION AVE. SAN DIEGO. CA 92113 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED . SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B DATE OF 15C, SIGNATURE OF PERSON IN 150 LICENSE NUMBER OF SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION CREMATED REMAINS DIS-POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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 10-1-04

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will be appi	lied and billed to un	dersigned						
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MT HOPE CEMETERY

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GRAVE BLIND CHECK FORM

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

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1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	32.		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Carlos		-		lgado	Lo MANA	09/28/2004	09/28/2004	M
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San Diego			San Dieg		Feob	oldo Salgad	o-Father	
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THE RESERVE AND ADDRESS OF THE PARTY OF THE		La Mesa Blvd.		1650		Diego, CA 9		ros ra vysas:
La-Mesa, CA			131	D-1658	BA. SIGN	TURE OF APPLICANT	Person taking permit 8B. DATE	SIGNED
ACKNOWLEDGEMENT OF		nowledge as applicant that the proposed disposition st and Safety Code, and was authorized pursuant to Se	ction 7100 of the Health and Safety C	oda	>1/1C	wy 4 min	0 10/0	3/2004
PERMIT		N ACCORDANCE WITH PROVISIONS OF	BA AMOUNT OF FEE PAIR		V033 ***********************************	9C. SIGNATURE OF LOCA	L REGISTRAR ISSUING PE	RMIT
PARTONIOS:		AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT.	\$13.00	Lean A.	- 1000	or		*
AUTHORIZATION OF LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES N	O FRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	100000000000000000000000000000000000000	10/08/2	004	▶ 2417200		
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DISPOSITION	San Diego.	CA 92185-5222	Mitselenius II		-	53		
10. AUTHORIZED DISPOS			- 574			FOR CO	DRONOR'S USE ONLY	
A BURIAL (INCLUDE	ES ENTOMBMENT)	Γ	E TEMPORARY ENVAUL	TMENT		T I DISPOSITION PE	ENDING — REMAINS LOCA	TED AT
B. CREMATION		ř	F DISINTERMENT	220200		Name and Address		1000
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D. SCIENTIFIC USE		Ť	D. TRANSIT TO OUTSIDE					
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BURIAL		pe Cemetery 3751 M		I I D. DATE BUNIC	111	SIGNATURE OF PER	SON IN CHARGE OF BL	HIAL
BUHIAL	THE RESERVE AND CONTRACTOR AND CONTRACTOR		Direct des	10-12-0	./	1	- /	/
*		o, CA 92102			45.0	NUM F	umm	
2	12A. NAME AND A	DDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREM	IATED: 120	SIGNATURE OF PER	SOM IN CHARGE OF CI	REMAT
CREMATION						9	/	
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CREMATION GREATION GREAT	13A, NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEI	IVED 130	C. SIGNATURE OF PER	SON IN CHARGE OF FA	ACILITY
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N I HAIVAII								
-	164 ADDRESS NE	AREST POINT ON SHORELINE, OR	OTHER DESCRIPTION	15B. DATE OF	150	C. SIGNATURE OF PER	ISON IN 7 150 LICENSE	NUMBER OF
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THAN IN A CEMETERY	1						1	

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

Ata

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/104

You are hereby authorized and instructed, subject to your rules and regulation	ons, to inter the remains
of Autorphi Tiggi	10/15 12:34
Type of Burel Container Church Chanel Graveside	113 10.0
Constitution Constitution (Constitution Constitution Cons	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra	charge of \$
will be applied and billed to undersigned	3
Division 12 Section 2 Blk/Row Lot 88	Grave 3
Grave space & Care Fund	-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	194
Opening/Closing & Setup	81 -
Handling Fees.	_88
Flower vases - Marker setting fee OCT 0.1.2004	
Recording/Filing/Transfer Fees	ac
Sales taxes MOUNT HOPE CEMETERY	
Total Due	395.28
Paid receipt number R 580	174 395.28
O . Bai	lance due
I hereby certify I am the X Laughter of the	e above named decedent
and this is your authority to make disposition of remains as above indicate that I have the right to make this authorization and I agree to hold Mt. Hope	d. I certify and represent Cemetery harmless from
any flability on account of said authorization and interment.	2 00
I hereby authorize the interment in lot I NO Envite	R NUBISE
hold under deed.	PISO AVE.
Address SORING V	alle4 9/977
10 10 10 10 10 10 10 10 10 10 10 10 10 1	7-2/98 Ep Code
5445	
Work Order # E .18740	

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This information is available in alternative formats upon request.

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MT HOPE CEMETERY (18740

GRAVE BLIND CHECK FORM

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SA, CITY OF DEATH La Mea 75. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78 CALIF LICENSER NUMBER Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102 ACRINIOMAL DIEGO, CA 92106 ACRINICA DIEGO, CA 92106 ACRINIOMAL DIEGO, CA 92106 ACRINIOMAL DIEGO, CA 92106 ACRINIOMAL DIEGO, CA 92106 ACRINIOMAL DIEGO, CA 921				W	1C. LAST (FAMILY)	B. MIDDLE	ENT—FIRST (GIVEN	1A. NAME OF DECEDE
La Mesa TA TYPED NAME AND ADDRESS OF CALIFORNIA - PUNERAL DIRECTOR OF PERSON ACTING AS SUCK TB CALIF LICENSE HUMBER Anderson—Ragsdale Mortuary; 5050 Federal Blvd Anderson—Ragsdale Mortuary; 5050 Federal Blvd FD-1329 ACHOMAL PRODUCT OF APPLICANT Insuly somewholes as applicant that the proposed discontion stated britten as that it has discontinuous authorises by section 100055 PERMIT PERMIT AUTHORIZATION OF LOCAL REGISTRAR OF DISTRICT OF DEATH— IF DEATH CONSTRUCT OF APPLICANT OF SECRED IN THIS PERMIT OF HIS P	OO4 M	723/1923 09/02/200	11,			E.	1	
La Mesa Typen dark and address of California - Funeral Director of Person acting as such 18 calif License Munder Anderson—Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102 ACIDIOMAEDGEMENT OF APPLICABLE PED—1329 ACIDIOMAEDGEMENT OF APPLICABLE This person is supposed dagorison stand intents a total of address of the Metalth and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and primare to Section 1700 of the Heath and Sahny Cole, and stands and and stands and and stands and and stands and s	ESS AND ZIP COD		. 6. NAME, RELA	H - OUTSIDE CALIF.,				5A, CITY OF DEATH
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102 **ROBONALEDGEMENT OF APPLICANT** **PERMIT** **PERMIT** **PERMIT** **PARTICULAR PERMIT IS SISSUED IN ACCORDANCE WITH PROVISIONS OF THE CHAIRDONIA HEALTH AND SAFETY CODE AND IS THE AUTHOR PERMIT OF HEALTH OF THE CHAIRDONIA HEALTH AND SAFETY CODE AND IS THE AUTHOR PERMIT OF HEALTH OF THE CHAIRDONIA HEALTH AND SAFETY CODE AND IS THE AUTHOR PERMIT OF HEALTH OF THE CHAIRDONIA HEALTH AND SAFETY CODE AND IS THE AUTHOR PERMIT OF HEALTH OF THE OFFICE OF THE CHAIRDONIA HEALTH AND SAFETY CODE AND IS THE AUTHOR PERMIT OF HEALTH OF THE OFFICE OF THE OLD SAFETY CODE AND IS THE AUTHOR PERMIT OF HEALTH OF THE OFFICE OF THE OLD SAFETY CODE AND IS THE AUTHOR PERMIT OF HEALTH OF THE OFFICE OF THE OLD SAFETY OF HEALTH OF THE OFFICE OF THE OLD SAFETY OF HEALTH OF THE OFFICE OF THE OLD SAFETY OF THE	ter 🏄	er DuBose, Daughte	Jennife	n Diego	San	and the same of th		
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COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESP		4	7	-30				THAN IN A CEMETERY

COPY 1

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

VS9 (REV. 3/03)

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/1/84

You are hereby authorized and instruct	ted, subject to your ryles and regulations, to inter the remains
ina Liner	Funeral, date, time www 10/4 12:00
Church, Chapel, Graveside	Cypress Viendy
All Funeral cars must arrive before 3:0	p.m. of regular work day of an extra charge of \$
will be applied and billed to undersigne	d
Division 12 Section 2	Blk/Row Lot _SO_Grave _ 1\
Grave space & Care Fund	
Overtime/Late Arrival Fees	PAID
Opening/Closing & Setup	$\frac{413}{209}$
Burial Container	111200
Handling Fees	HODE CEMETER?
Flower vases - Marker setting lee	HOPE CEMETERY 160
recording/Filing/Transfer Fees	10.20
Sales taxes	1888 30
	Total Due
	Paid receipt number RS 00 10 1880-00
that I have the right to make this authorized in the said authorized in the manufacture in lot I hereby authorize the marment in lot I	rization and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
hold under deed.	X 909 Copley Ave
Significan	- Waidorf MD 20102
Jan-	Cay 301 885 - 09 02 Zip Code
4004	Invoice #
Work Order # E .18741	Acct. #
REA-104 (3-04) This	information is available in alternative formats upon request.
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MT HOPE CEMETERY - 18741

GRAVE BLIND CHECK FORM

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Blind Che	eck & Verified	Ву:		_ Date:	

34

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS m 1A. NAME OF DECEDENT-FIRST (GIVEN) : 1B. MIDDLE 1C LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX SANDERS

MONTH, DAY, YEAR

MONTH, DAY, YEAR

09/27/2004

MONTH, DAY, YEAR

09/27/2004

MONTH, DAY, YEAR

MONTH, DAY, YEAR

MONTH, DAY, YEAR

09/27/2004

MONTH, DAY, YEAR

MON EARL. WILEORD 5A. CITY OF DEATH OF INFORMANT ENTER STATE SAN DIRGO SAN DIEGO LAURA SANDERS - WIFE 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 5794 CUMBERLAND ST - IF APPLICABLE ECM CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92139 SAN DIEGO CA 92113 FD-670 BA. SIGNATURE OF APPLICANT POR tolong porms ; BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109355 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. ACKNOWLEDGEMENT OF APPLICANT 10/01/2004 PB. DATE PERMIT ISSUED 10/01/2004 SA. AMOUNT OF FEE PAID 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 2416801 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA \$13.00 I. CASTRO LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW VITAL RECORDS...PO BOX 85222 PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO CA 92186-5222 FOR CORONOR'S USE ONLY (THORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL MT HOPE CEMETERY 3751 MARKET ST BURIAL SAN DIEGO CA 92102 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATED: 12C, SIGNATURE OF PERSON IN CHARGE OF CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. CREMATED REMAINS DIS-SCATTERING/BURIAL DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE - AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

MT. HOPE CEMETERY

INTER	MENT ORDER	
t NEED INTERN to DES. of 20 city JON-PES. Total chairs	of San Diego Date 10 - 4 - 0	4
You are hereby authorized and instructed, su	ubject to your rules and regulations, to inter the rem	ains
OF ARTHUR W	YEDA & 278294	1-9
ina ASH VAULT	Funeral, date, time and OCT23 -	FR
Type of Buriel Comainer Church, Chapel, Graveside	FAMILY AROSS CROCK FUN. HE	nuary
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 B	lik/RowLot_3983_Grave	
Grave space & Care Fund	1964 <u></u>	
Overtime/Late Arrival Fees	SATURDAY 307	.00
Opening/Closing & Setup	AID 159	00
Buriel Container 517E 7W > G	13 long 8/	W
Handling Fees	0 4 2004 , 88.4	00
Flower vases - Marker setting lee		
Recording/Filing/Transfer FMOUNT-HO	OPE CENT IN 66	w
Sales taxes	_6.	19
99.90785 WILLIAM	Total Due 702	٠.٧
107 107 163 00 AM 104 104 10	receipt number MINTURA 102	-2
201	Balance due	
I hereby certify I am the DROTING	P of the above named dec in of remains as above indicated. I certify and repr	eden
that I have the right to make this authorization any liability on account of said authorization a	on and I agree to hold Mt. Hope Cemetery harmless	s fron
I hereby authorize the interment in lot I	KENNETH LIYEDA	
hold under deed.	4077 GADS VENTRE	1
I DAIMOTU I DIOMA		
Kenneth Ugeda	SAN DIEGO, CA, 91117	1
Signature in acquaid	51N DIEGO, CA, 91117	Zip Cod
Conteste	SAN DIEGO, CA, 91117 Cay 1-805-278-2 116	Zip Cod
Vaulette Work Order # E 18742	SAN DIEGO, CA, 91117 City 1-805-275-2 116 Telephone	Zip Cod

MT HOPE CEMETERY E -18742

GRAVE BLIND CHECK FORM

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Blind Check & Verified By: Neuro & College Date: 10/21/04

MT HOPE CEMETERY E- 18742

GRAVE BLIND CH	HECK FORM
GRAVE BLIND OF	JECK LOKIN

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Agrees with I	Map: 🛘 Yes	☐ No) (97
Blind Check	& Verified By		D	ate:

2004-2944

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1	C. LAST (FAMILY)			TE OF BIRTH	3. DATE OF		4 SEX
	ARTRUE		ASA		UYRDA		09/	26/1925	10/01	2004	M
-	Adobe Cre	ek Funeral	A-FUNERAL DIRECTOR	OR PERSON ACT	— IF AP	LIČENSE NUMBER PLICABLE	Sumiko 1500 Ta Petalus		Spouse ne 954		
	ACKNOWLEDGEMENT OF	APPLICANT I hereby actor of the Health	owledge as applicant that the propo and Salety Code, and was authoris	ised disposition stated h ed pursuant to Section 7	erain is one of the dispositions aut 100 of the Health and Safety Code	horized by Section 103055	1	A 10	1 2	10/02	/2064.
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BLE ITEMS	CREMATION	Pleasant	DERESS OF CALIFORNI Hills Great 1, CA 95472	tory		12B. DATE CREMA	TED 126.51G	NATURE OF PERS	SON IN CHAI	MGE OF CRI	EMATION
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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.

Prud Tud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10 4 04

of Alyerica	Funeral, date, time ESTANIS LAO
Type of Burtal Container Church, Chapel, Graveside	; Mortuary
	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
This de applied and bried to brider signed.	Second William
Division 8 Section 4	Blk/Row Lot 3 Grave
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Atal

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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MT HOPE CEMETERY E-18744

GRAVE BLIND CHECK FORM

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COPY 1

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

VS9 (REV. 3/03)

Atad

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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MT HOPE CEMETERY E-18745

GRAVE BLIND CHECK FORM

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

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COPY 1

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

VS9 (REV. 3/03)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT PUBLIS	- 10 /H/N/
The same of the sa	Date 10/5/04
You are sereby authorized and instructed, sub	ject to your rules and regulations, to inter the remains
OF ALICE N. D	UBOIS 228254
TSVALLE	Funeral, date, time FRI Oct 8 1/02
Church, Chape Graveside) With esc	- A - A - VOI
#II Formand and must arrive before 2:00 cm	Fax 805-653 5731 regular work day of an extra charge of \$ 219.00
	805-643 4977
will be applied and billed to undersigned.	R
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Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burlal Container	366 00
Handling Fees	271.00
Flower vases - Marker setting fee	
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I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization ar	and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name
now allow dece.	Address
Signature	City Zo Code
0 1/01	0.770
Paulette	City Tolophone Sel Office Ap Code
F 10746	Invoice #
Work Order # E 18746	Acct. #

MY, HOPE CEMETERY

INTERMENT ORDER

DuBois

	MY, HOPE CE	METERY	1)40019
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AT NEED	City of San	Diego	15/04_
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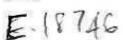
REA-104 (3-00)

Work Green # E 18746

This information is evallable in exemptive formets upon request.

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MT HOPE CEMETERY E-18746



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SEVENTH AMENDED AND RESTATED

TRUST INDENTURE OF GODDARD DUBOIS

GODDARD DUBOIS, as settlor, hereby amends and completely restates the Trust Indenture of Goddard DuBois, originally executed on June 24, 1971, to read in its entirety as follows:

ARTICLE 1 DECLARATION OF TRUST

<u>Trust Establishment and Restatement</u>: GODDARD DUBOIS, as settlor, has delivered (or will deliver) to the trustee without consideration the property shown on the attached schedule, which is referred to as the "Trust Estate".

This Seventh Amended and Restated Trust Indenture is an amendment and entire restatement of the Trust Indenture of Goddard DuBois, which was established by the settlor by trust indenture dated June 24, 1971, and subsequently amended and restated by him on December 21, 1987, November 19, 1990, November 10, 1994, May 1, 1995, October 4, 1995, and June 13, 1997. The trustee appointed under the original indenture of trust is the settlor, as trustee, and the settlor has served as trustee of the trust since its establishment.

The original trust indenture, and the amendments and restatements thereto, provide that the trust indenture is fully amendable by the settlor during his lifetime. Accordingly, the settlor hereby amends and completely restates the trust indenture in its entirety in this Seventh Amended and Restated Trust Indenture.

Trust Particulars: For convenient reference, the following information applies:

Settlor: Goddard DuBois

Name of trust: Trust Indenture of Goddard DuBois (aka Goddard DuBois Living Trust)

First trustee: Goddard DuBois Minor Children living: None

Adult children living: George DuBois and Mark DuBois

Deceased children: None

<u>Trust Estate</u>: The property transferred is the settlor's separate property and shall be known as the "trust estate."

END OF ARTICLE

if Eric DuBois is not then-living, then to the settlor's grandson Lawrence DuBois, if he is then-living, and if Lawrence DuBois is not then-living, then in equal shares to the then-living issue of Eric DuBois and Lawrence DuBois.

If at the settlor's death no other disposition of the trust estate is directed by this instrument, the remaining portion of the trust estate shall then be distributed to the settlor's legal heirs (excluding the settlor's son Mark DuBois, the settlor's daughter-in-law Brenda DuBois and the issue of Mark DuBois, namely Sarah DuBois and Ryan DuBois) their identities and respective shares to be determined as if the settlor had died immediately after the event requiring distribution, and shall be determined according to the laws of the State of California then in effect relating to the succession of separate property that was not acquired from a parent, grandparent, or previously deceased spouse.

<u>Death Taxes</u>: The trustee shall have the power to pay all death taxes resulting from the settlor's death. The settlor directs the trustee to apportion all death taxes in accordance with California Probate Code provisions for death tax proration.

Trust Irrevocable Upon Settlor's Death: Upon the settlor's death, this trust shall become irrevocable and nonamendable.

END OF ARTICLE

ARTICLE 4 OFFICE OF TRUSTEE

Nomination of Trustees for All Trusts: For all trusts under this instrument, the trustee and successor trustees shall be those persons named below, who shall serve without bond. Each successor trustee shall serve as trustee in the order designated if the prior trustee fails to qualify or ceases to act.

Trustee: Goddard DuBois

Successors:

First: George DuBois as sole trustee Second: Eric DuBois, as sole trustee Third: Lawrence DuBois, as sole trustee

Any trustee or successor trustee may resign as trustee or successor trustee at any time.

Compensation of Trustee: The trustee may pay itself reasonable compensation from the trust

within the United States.

"Death taxes" shall include federal, state, and local estate and inheritance taxes, including penalties and interest, but not generation-skipping or special use valuation recapture taxes or marital deduction qualified terminable interest attribution.

"Shall" indicates a mandatory directive, while the use of the word "may" indicates a permissive, but not mandatory, grant of authority.

The masculine, feminine, or neuter gender and the singular or plural number shall each include the others whenever the context indicates.

Clause headings are for reading convenience and shall be disregarded when construing this instrument.

END OF ARTICLE

ARTICLE 6 EXECUTION AND ACKNOWLEDGMENT

Signature Clause - Settlor: The settlor certifies that the settlor has read the foregoing Seventh Amended and Restated Trust Indenture and that it correctly states the terms and conditions under which the trustee is to hold, manage, and distribute the trust estate.

The settlor approves the Seventh Amended and Restated Trust Indenture in all particulars and requests that the trustee sign it.

Date: 1/-6 , 1998.

Settlor

Toolelan Du Bois

daret This

The trustee accepts this appointment and agrees to hold, administer, and distribute the trust estate in accordance with the terms of the foregoing Seventh Amended and Restated Trust Indenture.

Date: 1/16 , 199 8.

Trustee

ACKNOWLEDGMENT FOR SETTLOR AND TRUSTEE

COUNTY OF SAN DIEGO)
STATE OF CALIFORNIA)

On <u>U/6/98</u>, before me, the undersigned, a Notary Public for this State, personally appeared GODDARD DUBOIS, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year above written.

MOTARY PUBLIC - CALIFORNIA COMMISSION # 1182270 SAN DIEGO COUNTY My Comm. Exp. May 2, 2002

END OF ARTICLE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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- E	BURIAL	MT. HOPE	DRESS OF CALIFORN CEMETERY ET ST., SAN			11B. DATE BURIE		NATURE OF PERS	SON IN CHARGE OF	BURIAL
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ILL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORN	IIA FACILITY RI	ECEIVING REMAINS	13B. DATE RECE	IVED 13C. SIG	NATURE OF PERS	SON IN CHARGE OF	FACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING CREMATED REMAINS			14B, DATE SHIPE		DRESS AND SIGNA PLACING WITH TH	ATURE OF PERSON HE CARRIER	IN CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHO DIDENTIFY FINAL PLAC EA, <u>ONLY</u> ENTER LATI	CE AND CA DIS	TRICT OF DISPOSITIO	N. DISPOSITIO		NATURE OF PERS ARGE OF DISPOSI	ITION : CREMATE	ISE NUMBER OF D REMAINS DIS- IF APPLICABLE

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



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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

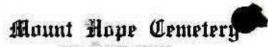
Date 10/5/04

Koolsum		2:02
n a Soult	Funeral, date, time \(\text{LO} \(\text{IO} \) \(\text{IO} \)	19:00
Church Chapel Graveside	: American	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 1139 Grave	_1_
Grave space & Care Fund	E 13696	-
Overtime/Late Arrival Fees		0
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3-11	Balance due	-0
hereby certify I am the X husb	and of the above na	mad danadani
and this is your authority to make dispo-	sition of remains as above indicated. I certify cation and I agree to hold Mt. Hope Cemetery	and represent
,		dian
hereby authorize the interment in lot I nold under deed.	Prispar 359 Felspar	11
w	YSan Diego CA	BURG
Pam	(\$58) 272-2	917
3	Invoice #	
Nork Order # E 18747	IIIVORGE #	(2)

MT HOPE CEMETERY E- 18747

GRAVE BLIND CHECK FORM

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Blind Ch	eck & Ver	rified By:	Jarid.	No No Marie	Date;	10-12-04



3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

10-21-	2004	YOUR ORDER NO. E-18747	
TO:	Magid Javadian 959 Felspar St #21 San Diego CA 921		**
	DESCRIPTION OF C	HARGE	AMOUNT
	Late arrival fee for service on Wednesday Your arrival time was	10-13-2004. s 3:20.	5.00
	Please send in payment	PAID DODY 0 3 2004	
	MC	NOV 0 3 ZOUT	

Mount Hope Cemetery 18747

3751 MARKET STREET SAN DIEGO. CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

YOUR ORDER NO. 10-21-2004 E-18747 TO: Magid Javadian 959 Felspar St #2H San Diego CA 92109

DESCRIPTION OF CHARGE

AMOUNT

Late arrival fee for Koolsum Javadian service on Wednesday 10-13-2004. Your arrival time was 3:20.

\$165.00

Please send in payment within 10 days.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

J.

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				DATE OF DEATH	4. SEX
KOOLSUM		JAMSA	JAVADIAN		10/	08/1923 1	0/05/2004	Y
AMERICAN C		A-FUNERAL DIRECTOR OR PERSON , 6136 MISSION GO 92120	ENTER STATE S ACTING AS SUCH 78. CA RGE RD.	AN DIEGO UF LICENSE NUMBER APPLICABLE -1752	6 NAME, RELAT OF INFORMA MAJID JA 959 FELS SAN DIEG	TIONSHIP, FULL MAI	HUSBAND PE. 2-H	
ACKNOWLEDGEMENT OF A	PPLICANT I hereby acknowledge of the Health of	owledge as applicant that the proposed disposition s and Salety Code, and was authorized pursuant to Sa	tated herein is one of the disposition action 7100 of the Health and Safety	s authorized by Section 103055 Code.	> KU1	mail 10.	- 100	6/2001
CENTRAL	THE CALIFORNIA HEALTH	I ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS SPECIFIED IN THIS PERMIT. I RIGHT OF DISPOBAL OUTSIDE OF CALIFORNIA	CYGA:000000000000000000000000000000000000	10/06/20	004 241	NATURE OF LOCAL RE	EGISTRAR ISSUING PE	RMIT ,
	VITAL RECO	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA RDS P.O. BOX 8522 CA 92186-5222	1600	DRESS OF REGISTRAR DISPOSITION IS TO OCCU				
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS O	THER [E TEMPORARY ENVALI F DISINTERMENT G. SHIP IN TO CALIFOR D. TRANSIT TO OUTSID	NIA.		I. DISPOSITION PENDI (Name and Address)	ING — REMAINS LOCA	TED AT
BURIAL	MT. HOPE C SAN DIEGO,	ORESS OF CALIFORNIA CEMETE EMETERS, 3751 MAP CA 92102	KET ST.	118. DATE BURIE	1	NATURE OF PERSON	N IN CHARGE OF BU	JRIAL
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREM	IATED 12C. SIGN	ATURE OF PERSON	N MYCHARGE OF C	REMATION
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 13C SIGN	NATURE OF PERSON	N IN CHARGE OF FA	CILITY
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPF		RESS AND SIGNATU LACING WITH THE		CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CA EA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITI	15B. DATE OF DISPOSITIO		NATURE OF PERSON RGE OF DISPOSITION		

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

Atud

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/5/04

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All Funer	al cars m	nust arrive be	fore 3:00	p.m. of re	gular work	day or a	n extra ch	narge of	\$
will be ap	plied an	d billed to un	dersigne	d					
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Printed on recycled paper

MT HOPE CEMETERY E-18748

GRAVE BLIND CHECK FORM

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		USE BI	LACK INK UNLY - MA	KE NO ERASU	HES, YVH	IHEOU	15 OH U	INCHA	LIENATIONS			
A. NAME OF DECEDER	NT-FIRST (GIVEN)	1B. MI	DDLE	1C. LAST (FAM	IILY)				2. DATE OF BIRTH		OF DEATH	4. SEX
Delores		Ma	e	Jacks	on				MONTH, DAY, YEAR 11/26/1926	10/0	. DAY, YEAR	y
Anderson-R		rtuar	RAL DIRECTOR OR PERSON 7, 5050 Feder	ACTING AS SUCH	TE an Daé 78. CALIE.	EGO LICENSE PLICABLE	NUMBER	John 5252	RELATIONSHIP, FULL FORMANT D. Jackson La Paz Diego. CA VATURE OF APPLICANT-	, Rusi	address and band	
ADVINOVALEDGEMENT OF A			opicam that the proposed disposition st ode, and was euthorized pursuant to Se				action 103055	B	Cantrano	me	No. of Parties	8/2004
renam.	THIS PERMIT IS ISSUED THE CALIFORNIA HEALTH TY FOR THE DISPOSITIO	N ACCORDA I AND SAFE IN SPECIFIE	NACE WITH PROVISIONS OF TY CODE AND IS THE AUTHOR-	9A. AMOUNT OF 13.00		98, D/	OS/20 Camp	104	9C, SIGNATURE OF LOC. 2417063	AL REGISTA	RAR ISSUING PE	RMIT
NY CHANGE IN DISPOSI-	IF DEATH OCCUR	RED IN CAL		(=		ESS OF A	EGISTRAR	OF DISTRI	CT OF DISPOSITION — ER DISTRICT IN CALIFORNIA	į		
PERMIT TO SHOW FINAL DISPOSITION	San Diego	. CA	P.O. Box 8522 92186-5222	.2				-				
. AUTHORIZED DISPOS							2		FOR C	ORONOR'	S USE ONLY	104.635
C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	11A. NAME AND A	DORESS C	DF CALIFORNIA CEMETER SETY, 3751 Max 92102	55.00 mm and management	DUTSIDE O		HNIA TE BURIE		IC. SIGNATURE OF PER	SON IN C	HARGE OF BU	JRIAL
CREMATION	12A. NAME AND A	DORESS	OF CALIFORNIA CREMATI	ORY		128/04	ATE CHEM	ATED 1	C. SIGNATURE OF PER	RSON IN C	HARGE OF O	REMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS (OF CALIFORNIA FACILITY	RECEIVING REM	IAINS	13B, DA	ATE RECEI	VED 1	OC. SIGNATURE OF PER	O MI MORF	CHARGE OF FA	ACILITY
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SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T	O IDENTIF	OINT ON SHORELINE, OR FY FINAL PLACE AND CAL Y ENTER LATITUDE AND L	NSTRICT OF DISI		15B. DA	ATE OF SPOSITION		CHARGE OF DISPO		150. LICENSE CREMATED R POSER — IF A	REMAINS DIS-

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

Pred .

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1015104

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ina_TSU	Funeral, date, time	
Type of Burial Con Church, Chapel, Graveside	rtaner	Mortuary
	e before 3:00 p.m. of regular work day or an extr	
		a charge of \$
will be applied and billed to	o undersigned.	
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		A
Grave space & Care Fund		<u>985 _</u>
Overtime/Late Arrival Fees	PAID	
Overtime/Late Arrival Fees Opening/Closing & Setup	PAID	413
		2757
Handling Fees	OCT 0 5 2004	204-
Fidwer vases - Marker sett	MOUNT HOPE CEMETER	J
Recording/Filling/Transfer F	Fees	3/3/
Sales taxes		01.01
	Total Due	1948.0
	Paid receipt number KS8-	WA WILLY
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		lance due
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HOME ADI	MESS: 1800 HA	RVEY STREETY	NUSTIN OTA-	الأموملية إ	ASCHALL STANDA

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date OCA SOY

of minter	Louis
in a	Funeral, date, time
Type of Bursa Container Church, Chapel, Graveside	Mortuar
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.	ASSESSED TO THE SECOND CONTRACT OF THE ASSESSED TO ASSESSED.
Division 12 Section 2 BI	kvRowLot_87 Grave_2
Grave space & Care Fund	130
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Paid	Total Due
0 0	Balance due
I hereby certify I am the X and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named deceder not remains as above indicated. I certify and represent a and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Print Name
TOTAL STATE	Address
Olymania	Cev Zip Cox
fam-	Telephone
= 1875 0	Invoice #

Pre

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/4/84

You are hereby authorized and instructed, su	ubject to your rules and regulations, to inter the remains
ina - Line TSVA	Ctuber 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, _	900 JUN (1977) 16 (1970) 16 (1970) 16 (1970) 16 (1970) 16 (1970) 16 (1970) 16 (1970) 16 (1970) 16 (1970) 16 (1
Division N Section $\mathcal Q$ B	Blk/Row Lot 75 Grave 11
Grave space & Care Fund	AID 485-
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Opening/Closing & Setup	16 2004 275 - 301
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Handling Fees	PE CEMETERY
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and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	on or remains as above indicated. I certify and represent of and I agree to hold Mt. Hope Cemetery harmless from and interment.
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Nork Order # E 18751	C11 P POB(PIO)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10 LWOH You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time 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. Grave space & Care Fund . Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container Handling Fees..... Flower vases - Marker setting fee Recording/Filing/Transfer Fees..... 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 femalis as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. 18752 Invoice # Work Order a Acct. #

more

MT HOPE CEMETERYE 18752

GRAVE BLIND CHECK FORM

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nterment spa	ce for: Was	111 T	ime:	(1:00
Grave Laid ou	iect: <u>3</u> BII	man f) 	~
Igrees with L	egal Card: All lap: AYes & Verified By	Yes [J No `	lace on

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

5A. CITY OF DEATH		4	JOHNSON		M8471871935 M8	726/2004	
AN DIEGO PED NAME AND ADD CALIFORNIA		- FUNERAL DIRECTOR OR PER	SAN DIEG	0	6. NAME, RELATIONSHIP, FULL MAILIN OF INFORMANT JAMES JOHN 5609 ALTA VISTA AVI SAN DIEGO, CA 92114	NSON-BROTE	ZIP CODE HER
5880 EL CAJ	ON BLVD.	SAN DIEGO, CA	92115 FD-	-1357	BA, SIGNATURE OF APPLICANT—Passon to	sang pormit :8B DATE	SIGNED
ACKNOWLEDGEMENT OF APP	UCANT I hereby achies of the Health a	wisage as applicant that the proposed dispond nd Safety Code, and was authorized pursue	eition stated havein is one of the dispositions of to Section 7100 of the Health and Sefery	authorized by Section 103055	· Western Att	09/27	
THE IT	E CALIFORNIA HEALTH A FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS WO SAFETY CODE AND IS THE AUT SPECIFIED IN THIS PERMIT, RIGHT OF DISPOSAL OUTSIDE OF CALIF	HOR-	09/28/20 V MITCHI	004	STHAR ISSUING PER	AMIT
ANY CHANGE IN DISPOSI- TION REDURES A NEW PERMIT TO SHOW FINAL.	IF DEATH OCCURRE	SISTRAR OF DISTRICT OF DI DINICALIFORNIA RDS P.O. BOX 85 CA 92186-5222	IF I		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPOSIT	ION(S) CHECK APPLICAT	BLE ITEMS			FOR CORON	OR'S USE ONLY	
X A. BURIAL INCLUDES E B. CREMATION C. DISPOSITION OF CE THAN IN A CEMETEI D. SCIENTIFIC USE	REMATED REMAINS OF	THER	E TEMPORARY ENVAUL F DISINTERMENT G, SHIP IN TO CALIFORI D, TRANSIT TO OUTSIDE	NIA	L DISPOSITION PENDING (Name and Address)	— REMAINS LOCAT	ED AT
BURIAL I	AT HOPE CEN	HESS OF CALIFORNIA CEM METERY T ST. SAN DIEG		10-11-0	11C. SIGNATURE OF PERSON II	CHARGE OF BUI	AIAL
CREMATION	SOUTHERN C	DRESS OF CALIFORNIA CRE ALIFORNIA CREM E ST. LAKE ELS	ATORY	128. DATE CHEMA 10-4-0	TED 12C SIGNATURE OF PERSON II	N CHANGE OF EA	EMATION
SCIENTIFIC USE	ISA. NAME AND ADD	PRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	13B, DATE RECEIV	ED 13C. SIGNATURE OF PERSON II	N CHARGE OF FAC	CIUTY
TRANSIT		PRESS IN RECEIVING STATE REMATED REMAINS ARE TO		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA		CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE IDENTIFY FINAL PLACE AND A. ONLY ENTER LATITUDE AI	CA DISTRICT OF DISPOSITIO	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON II CHARGE OF DISPOSITION		MAINS DIS-

COPY 1

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

VS9 (REV. 3/03)

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

Date 10/7/04

You are hereby authorized and instructed, s			ons, to inte	er the remains
ina D.D. CRYPT "A"	Funeral, date, ti		OCT.	11 9:00
Church, Chapel, Graveside		Suadu	apan	a Mortuary.
All Funeral cars must arrive before 3:00 p.n	n. of regular work	day or an extra	a charge o	\$
will be applied and billed to undersigned.				=======================================
Division 12 Section 2	Blk/Row	_ Lot_15	Grav	6
Grave space & Care Fund	····			98500
Overtime/Late Arrival Fees				
Opening/Closing & Setup	, ,,,, ,			<u>413.00</u>
Rurial Container				418.00
Handling FeesPAID	*****************************	•••••		352.00
				-
Flower vases – Marker setting fee OCT 0 7 2004 Recording/Filing/Transfer Fees	1.050.23.309.150.63.561.53.25.500	300000000000000000000000000000000000000	20040212202082202	50.00
With the same was the state of the same of				32.40
Sales taxe MOUNT HOPE CEME	TERY	Total Due		2250.4
Pa	d receipt number	0 0		2250.40
			lance due	8
I hereby certify I am the SON and this is your authority to make dispositional I have the right to make this authorization any liability on account of said authorization	ion and I agree to and interment.	above indicate	ed. I certify Cemetery	amed decedent and represent harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name	11111111	500	- A-
U.S. Jazuly	Address LEMO	6919 V 6205 265-5		91945 Zlp Code
butette fee	Invoice #		010	
Work Order # E 18753	Acci. #			

MT HOPE CEMETERY E-18753

GRAVE BLIND CHECK FORM

			Walker		
		x		Quaris	
		vulder			
Blind Check Ini	e for:	lavia		-1901	11
Interment Date Div: <u>リネ</u> Se					
Grave Laid out	by: Norm	- Pen	que		·
Agrees with Le	gal Card: 🗗	Yes 🗆	J No	/ h .	V
Agrees with Ma	Service and Descriptions	1000000	.11	10	40
Blind Check &	Vorified By:	N. 11	Poly	_ Date:	0/8/

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. HAME OF DECEDE	ENT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)				DATE OF DEATH	4. SEX
MARIA	LUISA	ALVAREZ-A	LDACO	08/1	5/1942 10	0/05/2004	P
SA. CITY OF DEATH		68. COUNTY OF DEATH			ISHIP, FULL MAILING		P CODE
CHULA VI		SAN DE			ONZALEZ-SC	264	
	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A		F. LICENSE NUMBER	2430 69t	h ST.		
	PANA MORTUARY,2601 IMPERIAL A 30,CA.92102	VE.	recessive as size		OVE, CA. 919		to the best of the best
SAM DUES		a para transfer and a construction of the same of the construction	J-176J	A. SIGNATURE OF	APPLICANT Person to		1000
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed dispo Section 10376 of the Health and Salety Code, and was settled	stion stated herein is one of the and pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	Jew	U Mul	23 10/0	7/20
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	BA. AMOUNT OF FEE PA				REGISTRAR ISSUIN	G PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	22212112211	SELENE CH	40.4	7215		*
LOCAL REGISTRAR	MOTE: THIS PERMIT WAYS NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$13.00	10/08/200	4			
INY CHANGE IN DISPOSH	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH F DEATH OCCURRED IN CALIFORNIA	207 - 30 0000	RESS OF REGISTRAR O				
TION REQUIRES A NEW PERMIT TO SHOW FINAL	P.O. BOE 85222	, "	arosinor is to occor	MY ANOTHER DOT	act in catholica		
DISPOSITION.	SAN DIEGO, CA. 82186-5222	1			-		
O. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS				FOR CORONE	R'S USE ONLY	-
XA. BURIAL (INCL)	JDES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT		DISPOSITION PEND	NING REMAINS LO	CATE
B. CREMATION	Ī	F. DISINTERMENT		1-	(Name and Addres	a)	-
C. DISPOSITION	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIFO	RNIA				
D. SCIENTIFIC US		H. TRANSIT TO OUTS	DE OF CALIFORNIA				
T	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER	ν	, 11B. DATE BURIED	LUC SIGNAT	URS OF PERSON	N CHARGE OF R	IDIAL C
BURIAL	MOUNT HOPE WEMETERY, 3751 M		1	1	111 0	2	
- BOTANE	The state of the s			1 /1/6	IN T		NINE W
	SAN DIRGO, CA. 92102		10-11-04	151/2	11 -1		Jane Comment
Ę –	SAN DIEGO, CA. 92102		1/0-//-04	D 120 SIGNAT	URE OF PERSON I	N CHARGE OF CR	
CREMATION	SAN DIEGO, CA. 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATO		12B. DATE CREMATE	D 120. SIGNAT	URE OF PERSON I	N CHARGE OF CR	
CREMATION	CALTRONICA PROPER - CREATE - C		12B. DATE CREMATE	D 120. SIGNAT	URE OF PERSON I	n Charge of Cr	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY					EMATION
CREMATION	CALTRONICA PROPER - CREATE - C	DRY	12B. DATE CREMATE				EMATION
CHEMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY					EMATION
SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEIVE	ED 13C. SIGNAT	URE OF PERSON	IN CHARGE OF FA	EMATION ACILITY
SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RECEIVING REMAINS		ED 19C SIGNAT		IN CHARGE OF F	EMATION ACILITY
SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY 14A. NAME AND ADDRESS IN RECEIVING STATE OR	RECEIVING REMAINS	13B, DATE RECEIVE	ED 19C SIGNAT	URE OF PERSON	IN CHARGE OF F	EMATION ACILITY
SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY 14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE	RECEIVING REMAINS COUNTRY WHERE SHIPPED	13B, DATE RECEIVE	D 14C ADDRES	URE OF PERSON SS AND SIGNATUR CING WITH THE C	IN CHARGE OF FA THE OF PERSON IN ARRIER	EMATION ACILITY CHARGE
SCIENTIFIC USE TRANSIT SCATTERING AT SEA	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY 14A. NAME AND ADDRESS IN RECEIVING STATE OR	RECEIVING REMAINS COUNTRY WHERE SHIPPED	13B, DATE RECEIVE	ED 13C. SIGNAT	URE OF PERSON	IN CHARGE OF FA	EMATION ACILITY CHARGE NUMBER LATED RE-
SCIENTIFIC USE	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY 14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OF CREMATED REMAINS ARE TO BE 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH	RECEIVING REMAINS COUNTRY WHERE SHIPPED	13B. DATE RECEIVE	ED 13C. SIGNAT	URE OF PERSON SS AND SIGNATUR CING WITH THE C	IN CHARGE OF FA	EMATION ACILITY CHARGE NUMBER NATED RE-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 10-7-04

You are hereby authorized and instructed, substituted Manian 4.	Colon	and regulations, t	o inter the remains
		weds of	H13 1020
Type of Burial Container	runeral, uale, lin	CA BUR	
Church Chapel, Graveside		A CONTRACTOR OF THE PARTY OF TH	1 1
All Funeral cars must arrive before 3:00 p.m.	of regular work di	ay or an extra chai	ge of \$
will be applied and billed to undersigned.			
Division 12 Section 2 BII	k/Row	Lot 156	Grave 9
Grave space & Care Fund		AID	985.00
Overtime/Late Arrival Fees		AIV	
Opening/Closing & Setup	nct.	1 2 2004	413.00
Burial Container	UCI	1 2 2004	204.00
Handling Fees	ACINIT UN	DE CEMET	DV 60.00
Handling Fees	NOON1 HO	PE CEIVIE I	-nr —
Recording/Filing/Transfer Fees		***************************************	50.00
Sales taxes			16.20
2 10 2000	,	Total Due	1833.2
Paid	receipt number _	5812/	1833.00
619 29-	aceipi ridilibei _	Balance	
r er.		7.890	
hereby certify I am the and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization a	and I agree to h	bove indicated. I d	ve named deceden ertify and represen etery harmless fron
hereby authorize the interment in lot I	Print Name		. >
1310 51 DO 10000.	Albane		1
egnature		so obsered	سو
10	Lary	acin	Zlp Cod
~ 1 2 The	Telephone	000	
Daulette	Invoice #	100	
Work Order # E 18754-	1 7	_	

X	T. HOPE CEI METERY
) INTE	ERMENT ORDER
lt need into	Clay of San Diego
it	Dais 10-7-04
7	Programme to the state of the s
fou are hereby authorized and in struc	ried, subject to your rules and regulations, to limer the remains
Marian L	E. Colon
ine one	Funeral, data, time Wed 5 Oct 13 10:20
Church Chapel, Grave side	: CA BURIÁL MORLAN
All Funeral cars must arrive bafore 3:0	CA BURIAL Mortuary. Clauden 007 L. 23/327
will be applied and billed to undersign	
to on abhase true 200000 ID Blidgestides	
Division 1/2 Section 2	- BIK/Row Lot 156 Grave 9
	Oran A
The second secon	985.00
Overlime Arrival Fees	7//2 #
	413.00
Burial Container	209.00
Handling Fees	160.00
	50.00
and the same of th	16.20
Sales taxes	1833 20
Pr (6) 334- 37 24	Total Due
(967,30) 3,	Paid receipt number
of of	Balance due
i hereby centry I am the	of the above named decadem
that I have the right to make this author	orization and I agree to hold Mt. Hope Cametery harmless from
ony fability on sccount of said authorit	zation and internent.
(hereby authorize the interment in lot hold unpid dead.	I JUAN Coloin JR
Hold under deed.	154 So. 45+"St.
the low the	- SANDIEGOCH 92117
	(619) 263 - 6509 To Tool
- norte	Velophone Velophone

Paulura Werk Order & E 18754

REA-104 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E- 18754

GRAVE BLIND CHECK FORM

		T				- 50 - 50
			Dewig		V	
	char	eethan	x	Bramle	4	
			Robertson			
Intermer	neck Initiat	or: <u>Mar</u>	ian E	E. Col		
Div: 12		<u>2</u> BII	k/Row:	Lot:	156 G	
Agrees	with Legal	Card:	Yes (J No	1,00	1
Company of the Company	with Map:				7 (0)	3
Blind Ch	neck & Ve	rified By:_	Kennell	Collins	Date:	10/12/00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

PPLICATION AND PERMIT FOR DISPUSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO FRASURES. WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH MC 10/03/2004 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 4. SEX 07/08/1956 MARTAN E. COLON 5A CITY OF DEATH 58. COUNTY OF DEATH - OUTSIDE CALIF. 16. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT SAN DIEGO SAN DIEGO MONIQUE COLON-DAUGHTER 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 154 E. 45TH STREET - IF APPLICABLE CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. SAN DIEGO, CA 92113 NATIONAL CITY, CALIFORNIA 91950 FD-1689 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 Saction 1030556 ACKNOWLEDGEMENT OF APPLICANT 10/07/2004 of the Health and Safety Code, and was authorized pursuent to Section 7100 of the Health and Sefety Code 10/07/2004 **9A AMOUNT OF FEE PAID** 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 2417100 \$13.00 C.RUSS **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH 9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW VITAL RECORDS-P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO, CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING - REMAINS LOCATED AT (Name end Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 128. SIGNATURE OF SERSON IN CHARGE OF CREMATION CREMATION 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION. 15B DATE OF 15C: SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF

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

DISPOSITION

CHARGE OF DISPOSITION

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION.

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

CREMATED REMAINS DIS-POSER — IF APPLICABLE

SCATTERING/BURIAL

AT SEA OR

DISPOSITION OTHER THAN IN A CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Type of Burial Conteiner PACE DOLE					rules and regulations, to in	nter the rem
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.		ARTU	NELL W. 1	RAGSDALE Europeal del	TL 21580	e' T-15 1
will be applied and billed to undersigned.	-	10 to	Elizabeth Elizabeth and	T dilotal, dal	RAGSDALE	Mor
			amina badana 9	:00 n.m. of regular w	ork day or an extra charge	of \$
Division U Section Blk/Row Lot 26/3 Grave				and Education (1997) and Page	COLOR AND DESCRIPTION OF STREET	

Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.
Burial Container	//D
Handling Fees.	
Flower vases – Marker setting fee	2004
Recording/Eting/Transfer Fees	50-

Paid receipt number Balance due

any liability on account of said authorization and interment.

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

Grave space & Care Fund

Pawette

18755

Invoice : Acci. #

Work Order # REA-104 (3-04)

This information is available in atternative formats upon request.

MT HOPE CEMETERY €-18755

GRAVE BLIND CHECK FORM

	Kobay.	Allen shn x	Havel Ragsa	le Rais	Jale
		Jackson			
Blind Check Ini Interment spac Interment Date	e for: HART	WELL W	RASO	ALE II	<u>. ' </u>
Div:10 Se				2673 G	Sr:
Grave Laid out	by: Daid	Non	· -y	-	_/_
Agrees with Le	gal Card: 🗗	Yes [J No	1	12
Agrees with Ma	p: 🛭 Yes		lo	FI	9
Blind Check &	Verified By:_	Kennot	Coller	☑ Date:	10/13/04

C-18755

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

790

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

TA	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MID	DLE	1C. LAST (FAI	MILY)			2. DATE OF BIRTH		OF DEATH	4. SEX
	Hartwell		Was	ddell	Ragadakie II				0372671925	MONTH 10/	06/2004	M
		Ragadale M. CA 92102	owledge as app	AL DIRECTOR OR PERSON TY; 5050 Fede	5B. COUNTY ENTER ST. San ACTING AS SUCH ET AL BLVd	Diego 7B. CALIF. — IF API	— OUTSIDE CALIF LICENSE NUMBER PLICABLE 329 kmzed by Section 103055	50: Ser	E, RELATIONSHIP, FULL NFORMANT V. Ragsdale, 50 Federal B In Diego, CA NATURE OF APPLICANT	MAILING III, Ivd. 92102 Person laking	Son	D ZIP CODE
	PERMIT	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITIO	ACCOPIDAL AND SAFET SPECIFIED	Is, and was authorized pursuant to Se NCE WITH PROVISIONS OF Y CODE AND IS THE AUTHOR- IN THIS PERMIT. SPOSAL OUTSIDE OF CALIFORMA	9A. AMOUNT OF	FEE PAID	98 DATE PERMIT 10/13/20 B. Campbe	004	9C SIGNATURE OF LOCA 2417407	and the second		-
A		Vital Rec	ED IN CALI	OF DISTRICT OF DEATH FORNIA P.O. Box 852 92186-5222					IĈT OF DISPOSITION €R DISTRICT IN CALIFORNIÀ			75
	A. BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS (TERY		E CALIFORNIA CEMETER	E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C D. TRANSIT TO	NT :ALIFORNIA) ** *	DISPOSITION P (Name and Address 1C. SIGNATURE OF PER	. A		
1.	BURIAL		Cemet	ery; 3751 Man		et	10-15-0		Soil.	7/		
RE ITEMS	CREMATION	12A. NAME AND A	DRESS C	F CALIFORNIA CREMAT	ORY		128 DATE CREM	ATED 1	20 SIGNATURE OF PER	SON IN C	HARGE OF CI	REMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND AD	IDRESS O	F CALIFORNIA FACILITY	RECEIVING REM	MAINS	138. DATE RECEI	VED 1	3C. SIGNATURE OF PER	RSON IN C	HARGE OF FA	ACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNT REMAINS OR CREMATED REMAINS ARE TO BE SHIPPE				THE RESERVE AND ADDRESS OF THE PARTY OF THE	RE	148, DATE SHIPP	ED 1	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGO OF PLACING WITH THE CARRIER			CHARGE	
160	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	DENTIF	INT ON SHORELINE, OR Y FINAL PLACE AND CA (ENTER LATITUDE AND L	DISTRICT OF DIS		158, DATE OF DISPOSITION		5C. SIGNATURE OF PER CHARGE OF DISPO		15D. LICENSE CREMATED R POSER — IF	

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

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	on, or our blog	Date	10/8/04
		22824	4
You are hereby authorized and instructe	ed, subject to your ru	lies and regulation	is, to inter the remains
of Sarkis	Nalbar		12.7
ina 73	Funeral, date,	time Jus	19/12 11:00
Church, Chapel, Graveside	John	May	WE Mortuary
All Funeral cars must arrive before 3:00	0	k day or an extra	
will be applied and billed to undersigned			
will be applied and billed to underlying			
Division 10 Section	DIM Dave	48	0
Division LO Section	_ BINNOW	2001	- Clave
Grave space & Care Fund	E12	5421	
Overtime/Late Arrival Fees			
Opening/Closing & Setup			<u> </u>
Burial Container	.,		-
Handling Fees	**************************************		
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees			
			-53
Sales taxes	***************************************	3.1/1/4/4/4/1/14/1/2017	
		Total Due	
	Paid receipt numbe	r	
		Bala	nce due
I hereby certify I am the X Se	\sim	of the	above named deceden
and this is your authority to make disp that I have the right to make this author	osition of remains a	s above indicated	. I certify and represen
any liability on account of said authoriza	ation and interment.	to note wit. Hope C	remetery naminess non
	V	COTT	NALTAN
I hereby authorize the interment in lot I hold under deed.			
	Actorises		CUENTA DR
Signatura	- <u>(</u>	SAN DIEG	OCA 92124
()	₹8	58-576	5-0033 Zio Code
tany	Telephone	8	
4000	Invoice	#	
Work Order # E 18756	Acct. #	0000	
1015 - 1007 T			

MT HOPE CEMETERY [-18756

GRAVE BLIND CHECK FORM

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	eck & Ve	N.	1	Jane	Date:î	0-116

E-18756 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS





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

			9		19	- 4		
1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		1C. LAST (FAMILY)		2. DATE C		E OF DEATH	4. SEX	
SARKIS		YEGIA	NALBANDBAS	HIAN	12/25	PYY TY YOY	0772004	M
SAN DIEGO			5B. COUNTY OF DEATH ENTER STATE SAN		6. NAME, RELATION OF INFORMANT SCOTT NALI	NSHIP, FULL MAILING AN - SON	ADDRESS AND	ZIP CODE
7A. TYPED NAME AND A		A - FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 7B. CALIF	LICENSE NUMBER	4544 LA CU	ENTA DR.		
MAYER MORT	UARY, 2859	ADAMS AVE., SAN DI	ago, ua	PPLICABLE 1424	SAN DIEGO,	CONTRACT CONTRACTOR	inn nute	Oleven
ACKNOWLEDGEMENT OF A	APPLICANT I hereby acknowledge of the Health	cwledge as applicant that the proposed disposition sta and Salety Code, and use authorized pursuant to Sec	ited herein is one of the dispositions a.	thorized by Section 103055 le.	> Kyo	APPLICANT—Possor issue	10/11	heroy
AUTHORIZATION OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS SPECIFIED IN THIS PERMIT. I RIGHT OF DISPOSAL OUTSIDE OF CALIFORMA	\$13.00	90 DATE PERMIT 10/11/20 R.MARTIN	04 2417	TURE OF LOCAL MEGIET 229	rar issuing pe	RMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	90. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA DS P.O. BOX 85222 CA 92186-5222	_ 9E ADDE	RESS OF REGISTRAR (OF DISTRICT OF DISPO		ers.	
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C		E TEMPORARY ENVALUTION F DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE (SAOSITION PENDING -	REMAINS LOCAT	TED AT
BURIAL	SAN DIEGO,			/0/p/	4.11	Auralia	mass	60
CHEMATION WHEN CHEMATION WHE	12A. NAME AND AD	DDRESS OF CALIFORNIA CREMATO	DRY	128 DATE PREM	ATED: 12C. SIGNATI	ure of Person In (CHARGE OF CF	IEMATION
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	VED 13C. SIGNATI	URE OF PERSON IN	CHARGE OF FA	CILITY
TRANSIT	14A, NAME AND AD REMAINS OR		14B. DATE SHIPPE		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGO OF PLACING WITH THE CARRIER			
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAID EA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	Aug. 1.4.5-50000000000000000000000000000000000	URE OF PERSON IN E OF DISPOSITION	15D LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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

Afrid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/11/84

You are hereby authorized and instruc			
of Hady	Adib-S	uniei Di	28200
in a Sab	Funeral, date, ti	mellod "	131:00
Church Chapel Graveside		Dune	Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work of	day or an extra cha	rge of \$
will be applied and billed to undersigne	ed		
Division Was Section	Blk/Row	Lot 155	Grave
Grave space & Care Fund			\longrightarrow
Overtime/Late Arrival Fees	PAIU	***************************************	
Opening/Closing & Setup			544-
Burial Container	OCT 1 1 2004		117-
Handling Fees			
Flower vases - Marker setting MOU	NT HOPE CEM	FIENT	
Recording/Filling/Transfer Fees			<u>Gu</u>
Sales taxes			<u></u>
		Total Due	<u>141.00</u>
	Paid receipt number	Visa	_741-Oc
-		Balance	due —
I hereby certify I am the X		of the abo	ve named decedent
and this is your authority to make dis- that I have the right to make this authorizany liability on account of said authorizany	rization and I agree to	above indicated. I o hold Mt. Hope Cem	certify and represent netery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name		
Tions direct decer	Aderesa		
Cignature	- X		Zio Code
tam	Telephone		
	Invoice #		
Work Order # E 18757	Acct. #		

MT HOPE CEMETERY 6 18757

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	Samies		
	-	^	Sam		
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ilind Check Initi	for: He	adi 1B	Time:	65a 1:00	miei
Div: WW Sec		- second second	^	99 G	ir:
Grave Laid out b	y: Non	men)		
grees with Leg	al Card: 🛘	Yes	□ No	. 0	
grees with Map	: 🛘 Yes		No (100	-
llind Check & V	erified By:	Kennel	t Callins	Date:_	10/12/0

E-18757

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY -- MAKE NO FRASURES, WHITEOUTS OR OTHER ALTERATIONS *****3 T 1B. MIDDLE 1A+ NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 03/21/1921 10/09/2004 ADIB SAMTET HADI 5A. CITY OF DEATH 5B. COUNTY OF DEATH -- OUTSIDE CAUE, 16, NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE. ENTER STATE OF INFORMANT SANTA ANA ORANGE MEHRDAD ADIB SAMII - SON 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B. CAUF LICENSE NUMBER P.O. BOX 70705 WESTMINSTER MEMORIAL PARK MORTUARY - IF APPLICABLE 92513 RIVERSIDE. CA 14803 BEACH BOULEVARD BA. SIGNATURE OF APPLICANT - Person searg permi (BB. DATE SIGNED) WESTMINSTER. CA 92683 FD1030 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGEMENT OF APPLICANT of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code 9A. AMOUNT OF FEE PAID OR DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 2004 **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA \$13.00 K B. HORTON, MD LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW ORANGE COUNTY HEALTH DEPT. SAN DIEGO COUNTY HEALTH DEPT. P.O. BOX 85222 PERMIT TO SHOW FINAL P.O. BOX 234 SANKA ANA. CA 92702 DISPOSITION DIEGO. CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS X A. BURIAL (INCLUDES ENTOMEMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) **B. CREMATION** F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY BURIAL 3751 MARKET STREET 10-13-04 SAN DIEGO. CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSONAN CHARGE OF CREMATION CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B. DATE OF 15D. LICENSE NUMBER OF 15C. SIGNATURE OF PERSON IN SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. DISPOSITION CHARGE OF DISPOSITION CREMATED REMAINS DIS-POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

Atud

REA-104 (3-04)

MT, HOPE CEMETERY

City of San Diego

Date 10 11 04

You are hereby suitherized and instructed	subject to your rules and regulations, to inter the remains
or Kuperto	Peralta 202040
ina TS Vault	Funeral, date, time this 10 15 2:08
Type of Burial Container Church Chapel, Graveside	: Hump Wrey 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	Blk/RowLoi 534 Grave
Grave space & Care Fund	C-8587 2
Overtime/Late Arrival Fees	165 -
Opening/Closing & Setup	PAID 410
Burial Container	\sim 2
Handling Fees	OCT 1 1 2004
Flower vases - marker setting fee	C(44499448048) (((1777884888488191)) (((17771189948888888888191)))) -
Recording/Alling/Transfer FeesMOUN	IT HOPE CEMETERY 3.3/
Pe	Total Due
1	Balance due
I hereby certify I am the X and this is your authority to make disposit that I have the right to make this authorization the said authorization any lightility on account of said authorization.	of the above named decedent lion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Prin Name 6063 Redblood Red
Sonature	Cry 858/874-3546 Telephone
40750	Invoice #
F 18758	

O Printed on recycled paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY 6-18758

GRAVE BLIND CHECK FORM

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

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-	Kar	iiura	х	Peralta	takamba	
			(ano fee)	אינים המונינים		
Blind Chec Interment s Interment I	space for	Buy	perto	Per	_Date:_(alta 2:00	oln
Div: <u>\</u> D Grave Laic	1410/0/17/0/0/00	- 1 TANK CO. (1981)			5234 Gr	<u>. l</u>
Agrees wit	h Legal (ard:	Yes [J No	frag	on
Agrees wit	h Map: (J Yes		10	go	we
Blind Chec	k & Veri	fied By:_	Kenneth	Colline	Date:_	10/13/

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		USE BLACK INK ONLY - MAI	KE NO ERASURES, W	HITEOUTS OR O	THER ALTERATIONS		
A. NAME OF DECED RUPERTO	ENT-FIRST (GIVEN)	1B. MIDDLE LARA	1C. LAST (FAMILY) PERALTA		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
A. CITY OF DEATH		And the second second	58. COUNTY OF DEATH	- OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL	MAILING ADDRESS AN	D ZIP CODE
SAN DIEG	ONLY INCOME STREET, AND ADDRESS OF THE PARTY		ENTER STATE SAN	DIEGO	JUNE ITO (DAUGH	TER)	
HUMPHREY	CHULA VISTA	A-FUNERAL DIRECTOR OR PERSON A MORTUARY VISTA, CA 91910	— IF A	D 964	6063 REDBROOK R SAN DIEGO, CA 9 BA SIGNATURE OF APPLICANT	2117	ESIGNED
ACKNOWLEDGEMENT OF	APPLICANT I hereby solir of the Health	owindge as applicant that the proposed disposition size and Safety Code, and was authorized pursuent to Sec	stati herein is one of the dispositions au tion 7100 of the Health and Safety Coo	thorized by Section 103055 a		S 10/1	3/2004
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. ORIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT 10/14/20 SANDRA PI	04 2417466	AL REGISTRAR ISSUING P	ERMIT,
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	SAN DIEGO	GISTRAR OF DISTRICT OF DEATH COLOR PORT BOX 85222 CA 92186-5222	3 100		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA		
A. SURIAL (INCLUD	F CREMATED REMAINS (E. TEMPORARY ENVAULTN F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O		11000000	ORONOR'S USE ONLY ENDING — REMAINS LOCA (66)	ATED AT
BURNAL	MOUNT HO	DRESS OF CALIFORNIA CEMETER PE CEMETERY KET ST, SAN DIEGO,		118, DATE BURIER	11C. SIGNATURE OF PER	SON IN CHARGE OF BU	JRIAL
CREMATION CREMATION SCIENTIFIC USE	12A, NAME AND AL	DORESS OF CALIFORNIA CREMATO	PAY	12B, DATE CREMA	TED 120/SIGNATURE OF PER	SON IN CHARGE OF C	REMAT
SCIENTIFIC USE	13A, NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEI	VED 13C. SIGNATURE OF PER	RSON IN CHARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		14B. DATE SHIPPI	ED 14C. ADDRESS AND SIGI OF PLACING WITH 1		CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAID EA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	SITION CREMATED F	E NUMBER OF REMAINS DIS- APPLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

At Deed

City of San Diego

	10	lu	104	
Date	v	100		

You are hereby authorized and instruc		s and regulations, to it	nter the remains
of Helen Coo	KD DO	1000	
ina ASH VALLIT	Funeral, date, tir	me Mon , Nov	8 2pm
Church, Chape Graveside WIT	ness	PHI Crem	Mortuary.
All Funeral cars must arrive before 3:0	D p.m. of regular work d	ay or an extra charge	of sy
will be applied and billed to undersigne			Di e
Division 7 Section 2	Alk/Row	Lot 93 Gra	we II
Section 1997 The Sectio	A-7295		0
Grave space & Care Fund	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Overtime/Late Arrival Fees	ÐΛ	B	U. N
Opening/Closing & Setup			116.00
Burial Container		2004	<u>61.00</u>
Handling Fees	UL1 1 4	2001	Lale . 00
Flower vases - Marker setting fee	MOUNT HOPE	CEMETERY.	
Recording/Filing/Transfer Fees	MOUNT HOPE	, VLIII-1:	50.00
Sales taxes			4.73
		Total Due	297.13
	Paid receipt number	R58125	297.73
	r aid receipt ribilition .	Balance du	0
v. da	0 +	(a) 23 67 67 72 72 72 72 72 72 72 72 72 72 72 72 72	W
I hereby certify I am the X Old and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizany	rization and I agree to I ation and interment.	bove Indicated. I cert hold Mt. Hope Cemete	ery harmless from
I hereby authorize the interment in lot I hold under deed.		oth N. Weis 332 Garfic	
	Address	Da partie	0 0
Signature	City So	- Diego CA	Zip Code
Canatta	Temphone	9 - 276-1461	****
110	Invoice #		
Work Order # E 18759	Value 347 560		
TION STORE -	Acct. #		

MT HOPE CEMETERY & 18759

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	1/1/20		
	Corso	Ectury	x	Lovell	Lowe	(/
			6.8	Lassy	Ruse	
Intermer Intermer Div:_7	nt space fo nt Date: Sect:_	ed By: Pa r: HELEA 1-8-0 2 BIK	1 COO 1 -	K −2	2:00	6,5.
		Norman Card: □Y		J No		· · ·
100	with Map: eck & Ver	1/)ARKE	No Y/	Fl _ Date: <u>/</u>	04 //-5-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

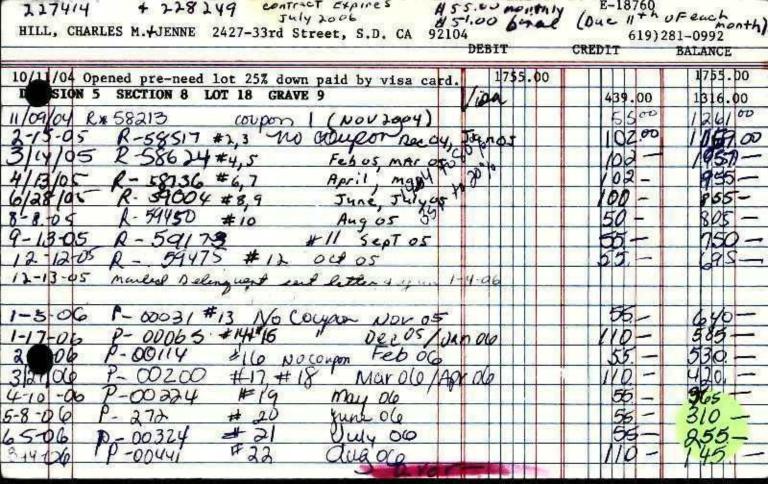
USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

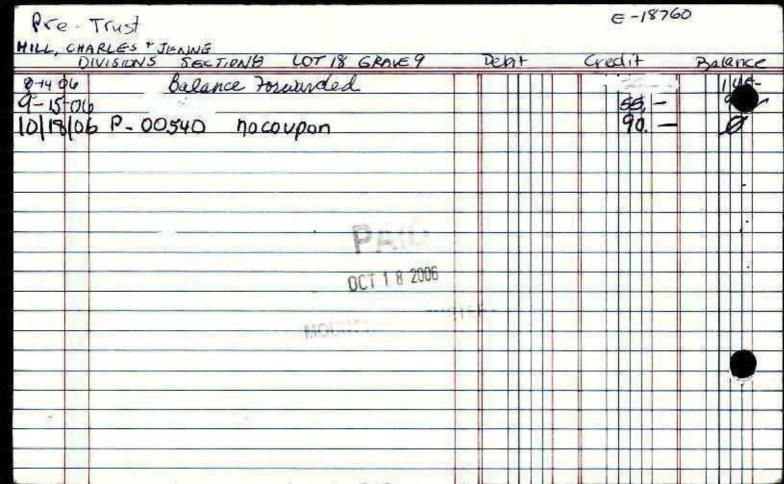
	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FA				2. DATE OF BIRTH MONTH, DAY, YEAR 03/03/1905	3. DATE OF MONTH D		4. SEX
SA. CITY OF DEATH		JOSEPHINE	5B. COUNTY		- OUTSIDE CAUF.	6. NAMI	E, RELATIONSHIP, FULL	MAILING ADI	DRESS AND	F CODE
SAN DIEGO			ENTER ST	SAZ	DIEGO	RUT	FORMANT H H. WEISENB	ERG - I	A STATE OF THE PARTY OF THE PAR	
	REMATION SI CHULA VISTA	A FUNERAL DIRECTOR OF PERSON CRVICES - 645 HI A, CA 91910	STREET		ICENSE NUMBER LICABLE) 1707	SAN	2 GARFIELD RO DIEGO, CA 9: NATURE OF APPLICANT	2110	- OD DATE	PICNED
ACKNOWN, EDGEMENT OF	APPLICANT of the Health	owledge as applicant that the proposed disposition as and Safety Code, and was authorized pursuant to Sec	ned herein is one of the tion 7100 of the Health	dispositions authorized and Safety Code.	orzad by Saction 103055	-(1	VI MOON		10/13	/2004
PERMIT	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	NACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. ORIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.		98 WIA GO 10/13/20		24 17440	L REGISTRAR	ISSUING PER	MIT
ANY CHÂNGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	P.O. BOX 8	GISTRAR OF DISTRICT OF DEATH FO IN CALIFORNIA D222 CA 92186 5222					CT OF DISPOSITION — ER DISTRICT IN CALIFORNIA —			
10. AUTHORIZED DISPOS	SITION(S) CHECK APPLICA	ABLE ITEMS					FOR CO	DRONOR'S U	SE ONLY	
A. BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C	THEA	E. TEMPORARY F. DISINTERME G. SHIP IN TO C D. TRANSIT TO	NT CALIFORNIA			I. DISPOSITION PE		AAINS LOCATI	ED AT
BURKAL *	MOUNT HOP	dress of california cemeter E CEMETERY - 3751 REET, SAN DIEGO, CA	S.		11/8/09) II	C. SIGNATURE OF PER	t Coll	PIGE OF BUR	dAL
CREMATION	GREENWOOD	ORESS OF CALIFORNIA CREMATO CREMATORY L AVENUE, SAN DIEG	M105	-805	128. DATE CREMA		C. SIGNATURE OF FEB.	SON IN CHAP	RGE OF CRE	MATION
SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY F	receiving Ren	AAINS	ISB. DATE RECEIN	/ED 13	IC. SIGNATURE OF PER	SON IN CHAI	rge of fac	ALTY.
TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		RE	149. DATE SHIPPE	D 14	IC. ADDRESS AND SIGN OF PLACING WITH T			HARGE
- Th. (1)	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O I IDENTIFY FINAL PLACE AND CAD EA, ONLY ENTER LATITUDE AND LO	STRICT OF DIS		158. DATE OF DISPOSITION		CHARGE OF DISPOS	ITION : C	50. LICENSE P CREMATED RE COSER — IF AF	MAINS DIS-

COPY 1

MT. HOPE CEMETERY

pre noved bot INTERMENT ORDER City of San Diego subject to your rules and regulations, to inter the remains 218249 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. Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container..... Handling Fees..... Flower vases - Marker setting fee eceipt number 🍑 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 upder deed. Invoice I Work Order # E .18760 Acct. #





OFFICIAL RECEIPT WHITE	
	00 00 00 00 00 00 00 00 00 00 00 00 00
From Charles Hill + Jenne Hill A	odress: 2427 33rd St., SD CA 92104
in Durt Payment of Pre-n	eed account, paid in hell,
Div 5 Sec 8	Blk/ Row Lot 18 Grave 9
STAMPER	D FOR PURPOSES STATED UNLESS PAID' IN THIS SPACE. CREDIT 67007
Acct. No	20% Sales Care 77184 Pre-Need 63033 Trust 77186
BALANCE DUE	OCT 1 8 2006
☐ Pre-Need Lot ☐ Money Order	MOUNT HOPE CEMETERY
Pre-Need Trust	~ Zaudetio
AC-212 (11-05) This information is available in all and Comparing for the st.	TOTAL PAID S 90

OFFICIAL RECEIPT WHITE TO CUSTO CANARY CEME	부분 (1942)	F 00324
From: Chartes Hill	MOUNT HOPE CEMETER (619) 527-3400 Date: Address:	6-5 ,200
"	e-need lot Row Lot 19	Dollars (\$ 55 —
	VALID FOR PURPOSES STATED UNLESS MPED "PAID" IN THIS SPACE. CRED	IT 67007 Sales Care 77184 Need 63033 5.5 —
Pre-meen inisi Libratus A	OUNT HOPE CELL	PAID \$ 55 -

	TO CUSTOMER CEMETERY	MOUNT HOPE CEMETERY				P 00114		
From Charles & Jenne	-Hugddre	400000000	527-3400 Date:_ 7	nd 2,	19	, 20		
in part - fue	7		7		Oollars (\$,	55		
DivSec	0	Blk/ Row	Lot _	18	_ Grave	9		
Invoice No. <u>E -18740</u> Acct. No W.O BALANCE DUE \$\frac{9}{530}, -	STAMPED "PAI	FEB - 9 2006		CREDIT 20% Sales Care Pre-Need Trust	67007 77184 — 63033 77186 —	55		
☐ Pre-Need Lot ☐ Money O	Language Control	THOPE CEME Paul ul			=			
AC-212 (11-05) This information is available of atternative formats upon	Sequest.			TOTAL PAID	5	55.		

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

- Clarke	· xare the	0	ELECTRONIC CONTRACTOR	Dec 12	26
Fyty-Fu	ve and	00	necord_	_ Dollars (\$	55
in Part 0	Payment of	e-need Con			DivisionS
Invoice No. E-/8	760 NOT	YALIO FOR PURPOSES STAT	ED UNLESS CREDIT	67007	
Acct. No		PAID	20% Sales of Lots Opening/	100 77184 100	- 55
BALANCE DUE \$275.	00	e OFC 12 2005	Closing Burial Containers	77181 100 77182	
Pre-Need Lot At Need	di i On Accili	NOUNT HOPE CE	Handling Fe Recording & Misc. Fees Pre-Need		
Pre-need Trust I I Cast	111 Check IX	DBY Paulyo	Trust Sales Tax	77186 60101 78390	25
AC-212 (Rev. 10-02) 9111 This information is available in afternation	8132777	7	TOTAL PAID	s	<i>5</i> 5.

1	OFFICIAL RECEIPT	CUSTOMER PRE-NEE	DIEGO, CALIFORNIA ED PURCHASE OPE CEMETERY	P 00	031
	From: Charles & Jenne	1.70	Date: [01/05	
	in Payment of	Pre-neec	1 COt	Dollars (\$ _5	5-
	Div Sec	NOT VALID FOR PURPOSES STATE STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Ca Pre-Need Trust	67007 77184 63033 77186	55. –
	Pre-Need Lot	JAN - 4 2006 MOUNT HOPE CENT ISSUED BY FAMILIE		\$	55

WHITE TO CUSTOMER CANARY CEMETERY

From Chilley Jennut uladdress: Drucold Jufty - Jule and D Dollars (S in Party - Payment of Pu-ned a count (lot) Div 5 Sec 8 Blk/ Row Lot 18 Grave Invoice No. E & XOO NOT VALID FOR PURPOSES STATED UNLESS	55
in Party - Drive and Or Dollars (S) In Party - Drive and Or Deld a count (lot) Div 5 Sec 8 Blk/ Invoice No. E & XOO NOT VALID FOR PURPOSES STATED UNLESS	55
in Payment of Pu-neld a count (lot) Div 5 Sec 8 Blw Lot 18 Grave Invoice No. E - R X CO NOT VALID FOR PURPOSES STATED UNLESS	
Div 5 Sec 8 BIK/ Row Lot 18 Grave	
Invoice No. E - R XQQ NOT VALID FOR PURPOSES STATED UNLESS	e <u> </u>
COEDIT 62007	W.
Acct. No STAMPED "PAID" IN THIS SPACE. CREDIT 67007 20% Sales Care 77184 80% Sales 100	55 -
W.O. 6 of Lots 77184 — Opening/ 100 Closing 77181 —	
BALANCE DUE 150. — SEP 1 3 2005 Burial 100 Containers 77182 —	
100 Handling Fee 77185 — Recording & 100	
Pre-Need Lot At Need On Acct MOUNT HOPE CEMETERY Misc. Fees 77183 -	
Pre-need Trust Cash Check Chec	
AC-212 (Rev 4-04) This information is evellable in alternative formats upon reduest.	55.00

From: Charles & Jenne	HillAddress On record	te:	, 20 <u>0.5</u>
FIFTY and 00 C		O Doll	ars (\$ 50, —
in <u>pdr#</u> Payment of <u>f</u> Div Sec	G Blk/	ot18	Grave 9
Invoice No Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 670 20% Sales Care 771 80% Sales 1 of Lots 771	84 50 -
W.O	AUG 0 8 2005	Closing 771 Burial 1 Containers 771	00 82 00
Pre-Need Lot □ At Need Charles	MOUNT HOPE CEMETERY	Handling Fee 771 Recording & 1 Misc. Fees 771 Pre-Need 630 Trust 771 Sales Tax 601	00 83 33 86
Pre-need Trust Cash Checky AC-212 (Rev. 4-04) 90989 38944 This information is available in alternative formats upon reques	ISSUED BY Peraugord	783 TOTAL PAID	

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER CANARY CEMETERY

01.161	1111 0007 40	Date:	127 920 05
From: Charles & Jenne ,	and 00	NO ST. SD	CA 92104 Dollars (\$ 100.—
n <u>part</u> Payment of Div_5 Sec	Rue need lat	Lot/8	Grave 9
Invoice NoAcct. No	NOT VALID FOR PURPOSES STATED USTAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lrts Opening/ Closing	67007 77184 100 77184 100 77181
BALANCE DUE \$855. —	JUN 2 7 2005	Burial Confainers Handling Fee Recording &	100 77182 100 77185 100 77183
Pre-Need Lot At Need On Acct The Pre-need Trust Cash Check Cash Cash Cash Cash Cash Cash Cash Cash	MOUNT HOPE CEMETE	Pre-Need Trust Sales Tax	63033 77186 60101 78390 \$ ////////////////////////////////////

Chardos Tour	Á.	Date:	4-13	, 20	05
	and two a Pre-need COF.	nd of	Dollars (\$_	08_	
Div Sec	NOT VALID FOR PURPOSES STATED USTAMPED "PAID" IN THIS SPACE. PAID APR 1 3 2005		67007 ss Care 77184 ss 100 77184 100 77181 100 77182 100 Fee 77185	102.	ØΌ
Pre-Need Lot X At Need On Acct Pre-need Trust Cash Check X AC-212 (Rev. 4-04) 9018992525	MOUNT HOPE CEMETE		95 77183 —— 96 63033 77186 —— 96 60101 78390 ——	ነወን.	00

Oboda lana 1151		3/15		, 20 <u>OS</u>
	two and 00 — re-need 101.		Dollars (\$ 102	.00
Div 5 Sec _		18	Grave _9	
nvoice No. E - 18760 Acct. No N.O BALANCE DUE 957, W	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID MAR. 4.4. 2005	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	100 77184 100 77181 100 77182 100 77185	02 00
Pre-Need Loty At Need On Acct	MAR 1 4 2005 MOUNT HOPE CEMETERY	Recording & Misc. Fees Pre-Need Trust	100 77183 63033 77186 60101 78390	2,00

•	OFFICIAL RECEIPT
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WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

58517

			,Date:	100.1	5	,2	005
From herres/Jenne		nd oo	eord	\neg	Dollars (\$ _	102.0	, oc
in Davt Payment	or Pre-ne		payme	18	Grave	9	
Invoice No. E - 187 (40) Acct. No	NOT VALID FO STAMPED "PA	PAID	FED UNLESS	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing	67007	102	
BALANCE DUE \$ 1059.00		FEB 1 5 2005	*	Burial Containers Handling Fee	100 77182 — 100 77185 —		
	32/3/2	HOPE CEM	721	Recording & Misc. Fees Pre-Need Trust Seles Tax	100 77183 — 63033 77186 — 60101		
Pre-need Trust Cash Ch AC-212 (Rev. 4-04) The information is qualitable in attempative formats or	SSUED BY_	f. Crac	good	TOTAL PAID	78390 — \$ —	5 OI	

OFFI	CIAL RECEIPT
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WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

58213

		Date:	Y	10V. C	1,20	04
From: Charles m. Hill	Address: 2427	33 Rd	et.	d.D		9210
- gefty - five -		10	0	Dollars (\$ _	55)
in part Payment of p	ne-need lot	Lot	18	Grave _	9	
	OT VALID FOR PURPOSES STATED U		CREDIT	67007		ff.
Acct. No.	DAID		20% Sales Care 80% Sales of Lots	77184 —— 100 77184 ——	55	00
W.O	PAID		Opening/ Closing	100 77181 ——		
BALANCE DUE 1,261	NOV 0 9 2004		Burial Containers Handling Fee Recording &	77182 100 77185		
Pre-Need Loty At Need On Acct	OUNT HOPE CEMETE	EDV	Misc. Fees Pre-Need Trust	77183 —— 63033 77186 ——		
Pre-need trust Cash Check X	SUED BY M. Villeg	A0	Sales Tax	60101 78390 ——		00
AC-212 (Rev. 4-04) This information is available in alternative formats upon request.	, vary		TOTAL PAID	s	55	

OFFICIAL RECEIPT	WHITE TO CUSTOMER CANARY CEMETERY	CITY OF SAN DIEGO, CALIFORNIA PRE-NEED PURCHASE	P 0020
	STATE OF THE STATE	MOUNT HOPE CEMETERY (619) 527-3400 Date:	367
From: Charles	Jenne Hill Addre	The second secon	CA 92104
Une Hund	red and Ten c	tollas	Dollars (\$
in Dart	_ Payment of _ Prc - r	reed Lot.	. 0

One Hundred and	Ten dollars Pre-need Lot.		Dollars (\$ _		
Div Sec	Blk/ Row Lot	18	Grave	9	
Invoice No. E - 18760 Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID MAR 2 7 2006	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 — 69033 77186 —	l lo.	_
Pre-Need Trust Charge AC-212 (11-05) 913 Check This information is available in alternative formation pair reque	ISSUED AND LOCKE COMETERY	TOTAL PAID	s	110.	-

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA **PRE-NEED PURCHASE**

P 00065

From: Charles & Jen	ne Hil Address:	onre	Date.	1-17		,20	u
One Hundred	ten o				ollars (\$		
Div the 5	tot Pre-neca	OF Blk/ Row	Lot [8	_ Grave _	9	
Invoice No = - 18760 Acct. No W.O BALANCE DUE \$ 585. —	NOT VALID FOR PU STAMPED "PAID" IN	THIS SPACE.	CREE 20%	Sales Care Need	67007 77184 63033 77186	110	
Pre-Need Lot	MOUNT MO	17 2006 Paulette		al Paid	- - - -	110	

)	OFFICIAL RECEIPT WHITE CANARY		PRE-NEED F MOUNT HOPE (619) 52	PURCHASE CEMETERY		10224 8760	
	From: Hill, Charles, U	leny -		Date:	4-10	, 20 💆	06
	tifty-five	9rcr		ccord	_ Dollars (\$ _	55-	
	in Pay F Payment of Payment of Sec	7101	Bik/ Row	Lot18	Grave	9	= 3
	Invoice No. E - 187 Acct. No W.O BALANCE DUE \$365 —		PAID	CREDIT 20% Sales Pre-Need Trust	67007 77184 — 63033 77186 —	55	
	□ Pre-Need Lot □ Money Order		APR 1 0 2006		8 <u>—</u> 8 <u>—</u>		
0	Pre-Need Trust Charge AC-212 (11-05) 4 8 7 9 2 Check This information is available in alternative formats upon requi	MOUNT	Paulett	ERY TOTAL PAID	- - s	55.	-

OFFICIAL RECE	WHITE	TO CUSTOMER	PRE-NEED MOUNT HOP (619) 5	PURCHAS	E	P 00	7000
Erom: Cha	les E Jenne H	TH_ Addre	ess:	Date:		5/8	, 20 00
in Part	V-L Payment of _	He r	reed			ollars (\$ <u>5</u>	5-
Div 5	Sec_	8	Blk/ Row	Lot	18	Grave	1
Acct. No W.O BALANCE DUE			OR PURPOSES STATED IID' IN THIS SPACE.	C	20% Sales Care 7 Pre-Need 6	7007 7184 3033 7186	55 -
Pre-Need Lot	☐ Money Orde		MAY 0 8 2006				
Pre-Need Trust AC-212 (11-05) This information is availed	Charge Check	MOUN ISSUED BY	THOPE GEME Pauletti	265	OTAL PAID	s	55. —

OFFICIAL RECEIPT	WHITE TO CUSTON CANARY CEMETE	RER PRE-NEED	EGO, CALIFORNIA PURCHASE PE CEMETERY	Pí	00441
From: Churles /		(619) 5 Address: 00 /	Da.o	14	, 20 <i>OG</i>
one hund	Payment of Ne 1	and appropriate and appropriate the second s	N.E.O.	Dollars (\$_	110
Div <u>5</u> Invoice No. E-1874	Sec_ <u>8</u>	Blk/ Row	— Lot _18	Grave	9
Acct. No	STAMP	ALID FOR PURPOSES STATED PED "PAID" IN THIS SPACE.	UNLESS CREDIT 20% Sales Ca Pre-Need Trust	67007 ire 77184 63033 77186	110, -
BALANCE DUE # 145	i.—	AUG 1 4 2006		-	
Pre-Need Lot	☐ Charge	OUNT HOPE CEM	ETERY	-	
AC-212 (11-05) This information is available in altern	Check 79-19 SSUE	DBY Paulette	TOTAL PAID	s	110

OFFICIAL RECEIPT WHITE CANARY		PRE-NEED MOUNT HOP	PURCH/	ASE	P	049	3
		(619) 5	27-3400 Date:		9/15		20 <u>04</u>
fifty-five	fre-nea		reco	-	Dollars (\$	55	-
Div 5 Sec	8	Blk/ Row	Lot	18	Grave	9	
Invoice No. EO 18760 Acct. No W.O BALANCE DUE \$ 90.—	STAMPED "PAID	PURPOSES STATED OF THIS SPACE.	JNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 3 77184 — 63033 77186 —	5	5 -
☐ Pre-Need Lot ☐ Money Order					8		$-\parallel$

MOUNT HOPE CEMETERY

TOTAL PAID

ISSUED BY Paulette C

AC-212 (11-05) Check
This information is available in alternative formats upon request.

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

	IT. HOPE CEMETER	(
At Need INT	ERMENT ORD	ER	
1 Nego	City of San Diego		1 1 .
At No	SPARTING THE PARTY NAMED IN	Date _[(0/11/04
You are hereby authorized and instruc		and regulation	s, to inter the remains
of Frank ST	olzer 7	2007=) <u>a</u>
in a 1. J. Vault	Funeral, date, tim		
Church, Chapel Graveside			derick Mortuary
All Funeral cars must arrive before 3:0	0 p.m. of regular work da	y or an extra c	harge of 219.00
will be applied and billed to undersigne	void (martin)		
Division Section 2	Blk/Row	rol 88	Grave 12
Grave space & Care Fund	1-8575		-01
Overtime Alale Arrival Fees			0219.00
Opening/Closing & Setup			
Burial Container			
_			
Flower vases - Marker setting lea			
Recording/Filling/Transfer Fees	***************************************		
Calas tause	**************************************	*****************	
Handling Fees	***************************************	Total Due	Ø 219-00
194144	7237 75	Ictal Due	
4 012	Paid receipt number	14412	2000
		anata.	
I hereby certify I am the and this is your authority to make disp	position of remains as ab	ove indicated.	above named decedent I certify and represent
that I have the right to make this author any liability on account of said authoriz	orization and I agree to he	old Mt. Hope C	emetery harmless from
			-pr
I hereby authorize the interment in lot hold under deed.	Print Name	L	06,
	Address	OK.	
Signature	City \	or.	Zip Code
a lette	1,2	er Att	£3633
Valle	Telephone		
Paulette Poulette Work Order # E 18761	Invoice # _		
Work Order # E	Acct. #		

09:38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Church, Chapel Grevesido Church, Chapel Grevesido As Funeral care must erriva belog \$300 p.m. of regular work day or an extra charge of \$4.00 will be applied and billed to undersigned. Division Section Sik/Row Lot Lot	Church, Chapel (Greveich) Church, Chapel (Greveich) As Funeral cars must errive betols \$:00 p.m. of regular work day or an extre charge of \$19.00 will be applied and billed to undereigned. Division The saction Bill Row Lot \$8 Grave 10 Grave space & Care Fund Overtimen ate Arrival Fees Opening/Closing & Setud Burial Conteiner Handling Food Flower vases — Marker setting fee Recording/Filling/Transfer rees Cales towns (NO CHARGE CHANGED TIME TO 2PM) Balance due 24 Grave Total Due Paid receipt number (NO CHARGE CHANGED TIME TO 2PM) Balance due 24 Grave In lareby certify I am the SISTER-IN-LAW and this is your surfurity to make disposition of remains as above indicased it carlify and representing I have the right to make disposition of remains as above indicased it carlify and representing I have the right to make disposition of remains as above indicased it carlify and representing I have the right to make this authorization and I agrae to hold Mt. Hope Cametery harmless from any liabelity on account of said suchorization and interment. Parably subhoriza the interment in tot I have the first of the said suchorization and interment. Figure 17 PASED LAGO TakesIDE, CAL I FORNIA 92040 Total Due TakesIDE, CAL I FORNIA 92040	At No	0.0 19460 000 000 000 000 000 000 000 000 000	Date 10/11/	×4
Church, Chapel Creveled Care Function Care Ca	Church, Chapel (Grevesich) As Funeral cars must erriva betois \$500 p.m. of requiar work day or an extre charge of \$219.00 will be applied and billed it: undereigned. Division			s and regulations, to inte	r the remains
Division 7 Section 2 Sik/Row Lot 83 Grave 12 Grave space & Care Fund A - 8575 Opening Closing & Setup. Dening Closing & Setup. Dening Closing & Setup. Burial Container. Handling Food. Flower vases - Marker setting fee Recording/Filling/Transfer i fees. Flower vases - Marker setting fee Recording/Filling/Transfer i fees. Flower vases - Marker setting fee Recording/Filling/Transfer i fees. Flower vases - Marker setting fee Paid receipt number ONO CHARGE CHANGED TIME TO 2PM) Balance due 2000 Paid receipt number of the above named discound and this is year sentingly to make disposition of remains as above indicated. It carlify and represent that I have the right to make this position of remains as above indicated. It carlify and represent that I have the right to make the subnorization and I agrae to held Mr. Hope Cemetery narmies from any liability on account of said authorization and interment. Thereby subhorize the interment in tot I pall LINE STOLZER Total Due. PAUL INE STOLZER Total Due. PAUL INE STOLZER Total Due. Takes IDE, CAL I FORNIA 92040 The code Takes IDE, CAL I FORNIA 92040 The code Total Due. Part Total Due. Total Due. Total Due. Total Due. Pall INE STOLZER Total Due. Takes IDE, CAL I FORNIA 92040 The code Total Due. Takes IDE, CAL I FORNIA 92040 The code Total Due.	Division 7 Section 2 Bilk/Row Lot 88 Grave 12 Grave space & Care Fund A - 8575 Opening/Closing & Setud. Depoing/Closing	Church, Chapel (Graveside)		ans Frederig	
Overtime/Late Arrival Fees Opening/Citesing & Setup. Burial Container Handling Fees Recording/Filling/Transfer releas Flower vases - Marker setting fee Recording/Filling/Transfer releas False towns (NO CHARGE CHANGED TIME TO 2PM) I hereby certify I am the SISTER-IN-LAW of the above named decodern and this is your summing to make disposition of remains as above indicase. I carify and representing this print the right to make the summination and I sprae to held Mr. Hope Cemetery harmless from any liability on account of said suite authorization and interment. I hereby sulfucize the interment in tot I houseby sulfucize the interment in t	Grave space & Care Fund Overtiment late Arrival Fest Opening/Closing & Setud. Burial Conteiner. Handling Foes. Flower vases – Marker setting fee Recording/Flung/Transfer Fees. Sales towns (NO CHARGE CHANGED TIME TO 2PM) I hareby certify I am the SISTER-IN-LAW and the above named decedam and this is your sumarity to make disposition of remains as above indicased. I carlify and representing I have the right to make this eathorization and I sprae to hold Mr. Hope Cametery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in tot I have the right to make interment in tot I have deed. Formally authorize the interment in tot I have deed.	TAKET LIGHT LIFT MATERIAL PROPERTY CONTROL TO SEE VANDON T	7138 - 50	lay or an autre charge of	119.00
Opening/Ctosing & Setup. Burial Container Handling Foes Handling Foes Plower vases - Marker setting fee Recording/Filing/Transfer Fees Paid receipt number (NO CHARGE CHANGED TIME TO 2PM) Balance due 219 GG I hereby certify I am the SISTER-IN-LAW and the apove named discodern that I have the right to make disposition of remains as above indicased. I certify and represent that I have the right to make this authorization and I signal to hold Mt. Hope Cemetern harmless from any liability on account of said authorization and interment. I hereby authorize the interment in tot I have by a fine and	Opening/Closing & Setup. Burial Container Handling Fees. Flower vases – Marker setting fee Recording/Filing/Transfer i*ees. Sales tokins (NO CHARGE CHANGED TIME TO 2PM) Paid receipt number (NO CHARGE CHANGED TIME TO 2PM) I haveby certify I am the SISTER-IN-LAW of the above named discellant and this is your surfaintly to make disposition of remains as above indicated. I carrify and represent that I have the right to make disposition of remains as above indicated. I carrify and represent that I have the right to make disposition and I agree to held Mt. Hope Cametery harmless from any liability on account of said authorization and interment. I have by sulfhorize the interment in tot I hold under deed. PAUL LINE STOLZER That I make the control of the interment in tot I have by authorized the interment. PAUL LINE STOLZER That I make the control of the	Division Section	A - St. 75	Lot 88 Grave	12
Durial Conteiner Handling Foss Flower vases - Marker setting fee Recording/Flung/Transfer Fees Eales tokes (NO CHARGE CHANGED TIME TO 2PM) I have by certify I am the SISTER-IN-LAW of the above named decoder and this is your surfacility to make disposition of remains as above indicased. I carify and representing I have the right to make disposition and I social to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I have by suthorize the interment in log I hold under deed. PAUL INE STOL ZER ITS17 PASED LAGO TAKESIDE, CAL IFORNIA 92040 City 19-562-5046 Power E 18761 Invoice * Acct. **	Depring/Closing & Setup. Burial Conteiner. Handling Fees. Flower vases - Marker setting fee Recording/Flling/Transfer rees. Eales towns (NO CHARGE CHANGED TIME TO 2PM) I hereby certify I am the SISTER-IN-LAW and this is your surturity to make disposition of remains as above indicased. I cartify and representing I have the right to make this subhorization and I agrae to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and I marked. I hereby suthorize the interment in tot I particular deed. I hereby suthorize the interment in tot I particular deed. PAUL INE STOLZER The Information is available in atternative formats upon request invoice a particular and interment. PAUL INE STOLZER Total Due The Information is available in atternative formats upon request.		/. 09/9	5	29.00
Handling Fees. Flower vases - Merker setting fee Recording/Fluing/Transfer if ees Eales tower (NO CHARGE CHANGED TIME TO 2PM) I hereby certify I am the SISTER-IN-LAW of the above named decoder and this is your authority to make disposition of remains as above indicased. I cartify and represent that I have the right to make this authorization and I signal to hold Mt. Hope Cemetery harmless from any liability on account of soid authorization and interment. Thereby authorize the interment in tot I have by authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in tot I have been accounted to total authorize the interment in	Handling Fees. Flower vases - Marker setting fees. Flower vases - Marker setting fees. False towns CNO CHARGE CHANGED TIME TO 2PM) Paid receipt number (NO CHARGE CHANGED TIME TO 2PM) I hereby certify I am the SISTER-IN-LAW on the approximation of remains as above indicated and discoder and that is your surfacility to make disposition of remains as above indicated. I carlify and represent that I have the right to make this each orization and I signal to hold Mr. Hope Cemetern harmless from any liability on account of said authorization and interment. I hereby authorize the interment in tot I pall I INE STOLZER thousand a property in the pall I INE STOLZER. TT517 PASEO LAGO TAKESIDE, CALIFORNIA 92040 Control of the pall				==_
Flower value - Marker setting fee Mecording/Flung/Transfer ifees Eales tokes (NO CHARGE CHANGED TIME TO 2PM) I hereby certify I am the SISTER-IN-LAW In hereby certify I am the SISTER-IN-LAW In the above named decedant that I have the right to make disposition of remains as above indicated. I cartify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cametery narmises from any liability on account of said authorization and interment. I hereby authorize the interment in tot I have by authorize the interment in tot I have been a former in tot I have b	Flower vases - Marker setting fee Mecording/Filing/Transfer Fees Sales towns (NO CHARGE CHANGED TIME TO 2PM) I hereby certify I am the SISTER-IN-LAW of the above named decedant that I have the right to make disposition of remains as above indicased. I cartify and representing I have the right to make this suthorization and I agree to hold Mt. Hope Cametery narmiess from any liability on account of said authorization and Interment. I hereby suthorize the interment in tot I hold under deed. PAUL INE STOLZER Thold under deed. PAUL INE STOLZER Thold under deed. PAUL INE STOLZER Thold under deed. The code The code of the	Burial Container			
Eales towns Eales towns (NO CHARGE CHANGED TIME TO 2PM) Paid receipt number (NO CHARGE CHANGED TIME TO 2PM) I hereby certify I am the SISTER-IN-LAW of the above named discedant and this is your surfunity to make disposition of remains as above indicased. I cartify and represent that I have the right to make subhorization and I sprae to held Mt. Hope Cametery namiless from any liability on account of said authorization and interment. Thereby authorize the interment in tot I particular deed. Thereby authorize the particular deed authorize the particular d	Paid receipt number (NO CHARGE CHANGED TIME TO 2PM) Balance due 2 G GO I hereby certify I am the SISTER-IN-LAW of the above named decedant that is your authority to make disposition of remains as above indicated. I carlify and represent that I have the right to make this exhorization and I agree to held Mr. Hope Cametery namiles from any liability on account of said authorization and interment. I hereby authorize the interment in lot I part I	Handling Fees	and the second second		=-
Paid receipt number (NO CHARGE CHANGED TIME TO 2PM) I hereby certify I am the SISTER-IN-LAW of the above named decedant that I have the right to make disposition of remains as above indicated. I cartify and represent that I have the right to make this authorization and I agrae to held Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. PAUL INE STOLZER hold under deed. PAUL INE STOLZER Company Market Land Company in the I process of the content of th	Paid receipt number (NO CHARGE CHANGED TIME TO 2PM) I hereby certify I am the SISTER-IN-LAW of the above named decedent that I have the right to make disposition of remains as above indicated. I cartify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery narmises from any liability on account of said authorization and Interment. I hereby authorize the interment in tot I have the interment in tot I have the right to make this authorization and interment. PAUL INE STOLZER Intermedia LAGO LAKESIDE, CALIFORNIA 92040 City 619-562-5046 Pout to the control of the c	Production of the Committee of the Commi	Comment of the Commen		
I hereby certify I am the SISTER-IN-LAW of the above named decedem and this is your authority to make disposition of remains as above indicased. I cartify and represent that I have the right to make this euthorization and I some to hold Mr. Hope Cametery namiless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. PAUL INE STOLZER TO LAGO ACCI. # Invoice # I	I hereby certify I am the SISTER-IN-LAW of the above named discodering and this is your authority to make disposition of remains as above indicased. I carlify and represent that I have the right to make this euthorization and I sorae to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. PAUL INE STOLZER TOTAL TOTAL TOTAL PASED LAGO AUTHORITY PASED LAGO TOTAL TOTAL PASED LAGO T	Recording/FIUng/Transfer itees			
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I hereby certify I am the SISTER-IN-LAW of the above named decedem and this is your authority to make disposition of remains as above indicased. I cartify and represent that I have the right to make this euthorization and I some to hold Mr. Hope Cametery namiless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. PAUL INE STOLZER TO LAGO ACCI. # Invoice # I	I hereby certify I am the SISTER-IN-LAW of the above named discodering and this is your authority to make disposition of remains as above indicased. I carlify and represent that I have the right to make this euthorization and I sorae to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. PAUL INE STOLZER TOTAL TOTAL TOTAL PASED LAGO AUTHORITY PASED LAGO TOTAL TOTAL PASED LAGO T	rt rain.		- /X	210 00
that I have the right to make disposition of remains as above indicated. I darling and represent that I have the right to make this authorization and I agree to hold Mr. Hope Cemetery narmiess from any liability on account of said authorization and interment. Thereby authorize the interment in tot I hold under doed. Thereby authorize the interment in tot I hold under doed. Takes IDE, CAL I FORNIA 92040 Com 19-562-5046 Poutlette. Townserve Invoice * Work Order * E . 18761 Acct. **	that I have the right to make disposition or remains as above indicated. I darily and represent that I have the right to make this authorization and I agree to hold Mr. Hope Cemetery narmiess from any liability on account of said authorization and interment. I have by authorize the interment in tot I have by authorize the interment in tot I have by authorize the interment in tot I have been deed. PAUL INE. STOLZER ***TTS17 PASEO LAGO ***TTS17			M) Balance due	-0.00
Paulette E. 18761 Work Order & E. 18761 ACCL #	Powlette This Information is available in atternative formats upon request	that I have the right to make this au	ilsposition of remains as i thorization and I agree to	spove Indicased, I cartify	and represent
Poulette Focode Poulette Focode Work Order # E .18761 ACCI. #	Powlette Towners Work Order & E. 18761 This Information is available in atternative formats upon request		The state of the s	The state of the s	
Work Order # E .18761 Acct. #	Work Order # E .18761 Acct. # REA-104 (3-04) This Information is available in atternative formats upon request	Souling J. St.	1-0		A 92040
Work Order # E .18761 Acct. #	Work Order # E .18761 Acct. # REA-104 (3-04) This Information is available in alternative formats upon request	a witer	619-5		
Work Order # 12	Work Order # 12-04) Yhis Information is available in atternative formats upon request	- 18761			
	The state of the s	Wark Order		AND THE RESERVE OF THE PROPERTY OF THE PROPERT	

MT HOPE CEMETERY & 1876 1

GRAVE BLIND CHECK FORM

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

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-\-	GIISTOLZE	2	CLAP	-	-
	5700	Х	Clyfe	e e	

	ck Initiated B				10/13
Interment	space for:_	Frank	< Stolze	25	30,5
Interment	space for:_ RIGEN_ Date: 10	15/04	Time:	3 000	m
Div:	Sect:_2	Blk/Ro	w: Lo	ot: 88	Gr:12
Grave Lai	d out by:	lil 7	ni		
Agrees wi	ith Legal Car	rd: 🔁 Yes	☐ No	/)	1
Agrees wi	ith Map: 💆	Yes	□ No □	71	of
Blind Che	ck & Verifie	d By:	F	Date	:10-13 04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

_			USE BLACK INK UNLY - MA		VITITEOUTS ON O	I HEH ALIE	MATIONS	44		
1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B, MIDDLE	1C. LAST (FAMILY)		M	DATE OF BIRTH ONTH, DAY, YEAR	MONTH	OF DEATH	4. SEX
E	Frank A. CITY OF DEATH		Creighton	Stolzer 5B. COUNTY OF DEA	TU OUTSIDE CAUE	Le NAME DE	5/16/1931	10/	11/2004	M CODE
Di				ENTER STATE		OF INFOR		MAILING	ADDRESS AND	J ZIF CODE
	La Mesa			Sar	Diego	Paulin	ne Stolzer	-Sist	er-In-L	ws.
7/	- National Anna Committee of the Committ	The second secon	IIA - FUNERAL DIRECTOR OR PERSON		IF. LICENSE NUMBER APPLICABLE		Paseo Lag			
		lerick Mort		S. Donner	75A000000	Lakes	ide, CA 92	040		752
	374 N Magn	olia Ave,E	11 Cajon, CA 92020	FD-	-795	BA. SIGNATU	IRE OF APPLICANT-	Person taking	permi BB. DATE	SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby ack of the Health	nowledge as applicant that the proposed disposition st h and Safety Code, and was authorized pursuant to Se	ction 7100 of the Health and Salety C	ode.	Lac	Kis Kay	icis		2/2004
	PENELL	THE CALIFORNIA HEALTH	IN ACCORDANCE WITH PROVISIONS OF H AND SAFETY CODE AND IS THE AUTHOR- ON SPECIFIED IN THIS PERMIT. IO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	10/12/20 Jackie Ko	004	SIGNATURE OF COCA 2417339	AL REGISTE	aar issuing pe	RMIT •
		P O Box	EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA 85222 O, CA 92186-5222		DRESS OF REGISTRAR (IBPOBITION IS TO OCCUR	OF DISTRICT O				
10	. AUTHORIZED DISPOS						FOR CO	DRONOR'S	S USE ONLY	W. 25
	A BURIAL (INCLUDE) B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS	OTHER [E TEMPORARY ENVAUL F. DISINTERMENT G. SHIP IN TO CALIFORN D. TRANSIT TO OUTSIDE	IIA	j	I. DISPOSITION PE (Name and Address		REMAINS LOCA	TED AT
-		11A. NAME AND A	DDRESS OF CALIFORNIA CEMETER	ay .	11B. DATE BURIER	D 1 11C. S	SIGNATURE OF PER	SON IN C	HARGE OF BL	RIAL
	BURIAL	Control of the Contro	E CEMETERY ET STREET/SAN DIEC	0, CA 92102	10-15-0	4 .	Veil ?	Mari		
APPLICABLE ITEMS	CREMATION	n/a	DDRESS OF CALIFORNIA CREMATO	ÖRY			SIGNATURE OF PER	SON IN C	HAAGE OF CE	REMATION
ALL APPLICA					13B. DATE RECEIV	VED 13C. S	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			CILITY
COMPLETE		14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 1.4A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 1.4A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148, DATE SHIPPI	STATE OF THE PARTY	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
	15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITIO DISPOSITION OTHER THAN IN A CEMETERY 1/8			158. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		16D. LICENSE CREMATED R POSER — IF A		

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

Afrid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Oct 12,04

You are hereby authorized and instructed, so	subject to your rules and regulations, to inter the remains
" Ledezma	Jan tolle 1782 1
In a Type of Burial Container	Funeral, date, time
Church, Chapel Graveside	: Swallpana_Mortuary.
All Funeral cars must arrive before 3:00 p.m.	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Division/2_ Section2_ E	BINDROWLOI_/8/ Grave_LO_
Grave space & Care Fund	DAID 1310-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549
Burial Container	UCI 12 2004 5566-
Handling Fees	NT HOPE CEMETERY 468-
Flower vases - Marker setting fee	THOI E GEMETERY
Recording/Filing/Transfer Fees	Lot-
Sales taxes	43.89
	Total Due
Paid	d receipt number R 58/22 2992.09
10.00	Balance due
· · · · · · · · · · · · · · · · · · ·	HTOR
I hereby certify I am the XPAUC and this is your authority to make disposition	on of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery harmless from and interment.
(NR)	(Mandaloual Poble
I hereby authorize the interment in lot I hold under deed.	Print Name
	(12 07 EVELYNST
Signature	San Diego Ca 9211
1	\$ 619-5013588
Im	Telephone
- 18762	Invoice #
Work Order # E .10702	Acct. #

MT HOPE CEMETERY & 18762

GRAVE BLIND CHECK FORM

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

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Intermen Intermen	_	<u>_læ</u>	<u>dezm</u> Ti	a 20 me:	-	م	
O 1 -	Sect:_aid out by:		\$			5375	0
	uith I agal (Card: O	Yes □	No ro	^	_	
Agrees v	viui Legai i	Janu		4)	rosol o	• ?	main!
	vith Map: 1 eck & Ver	ALC: CHORDER	4		0		<u>e</u>

E-18762

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECED	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMIL	.vi			3. DATE OF DEATH	4. SEX
SANTANA			LEDESMA	-CORONADO	ő	4/10/1910	10/10/2004	M
SA. CITY OF DEATH		56	58. COUNTY OF ENTER STATE	DEATH-OUTSIDE CALIF.,	6. NAME, RE	LATIONSHIP, FULL MAI	LING ADDRESS AND 2	OP CODE
TLIUANA			MEXICO		MAGDA	LENA L.ROBL	es-daughte	R
		MA-FUNERAL DIRECTOR OR P		IF APPLICABLE	100000000000000000000000000000000000000	EVELYN ST.	200	
		,2601 IMPERIAL	WATP®	FD-1425		IEGO, CA. 921		
	,CA.92102	aclessoledge as applicant that the prop	arroad disposition stated lurrein is one		BA. SIGNATU	REOF APPLICANT—Ans	94	
ACKNOWLEDGMENT OF	Section 1	0376 of the Health and Saleta Code, and	was authorized persuant to Section 710	00 of the Health and Safety Code	XX.	Kelle (Ma	CONTRACTOR DESCRIPTION OF THE PERSON OF THE	13/200
PERMIT	SIONS OF THE CALL	FUED IN ACCORDANCE WITH I	CODE	SELENE CE		. SIGNATURE OF LOCA 2417429	UL REGISTRAR ISSUI	NG PERMIT
AUTHORIZATION OF	IN THIS PERMIT.	ITY FOR THE DISPOSITION SPE IID HIGH OF DISPOSAL OUTSIDE OF CAL	#13 W			4417445		
LOCAL REGISTRAR	The second secon	EGISTRAR OF DISTRICT OF		ADDRESS OF REGISTRAF	The second second	OF DISPOSITION-		
ANY CHANGE IN DISPOSE TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH DICCURR	ED IN CALIFORNIA		IF DISPOSITION IS TO OCC		ER DISTRICT IN CALIFORN	IA.	
DISPOSITION.	described to the second second	-		P.O. BOX 8522 SAN DIEGO, CA.	92186-	5222		
10. AUTHORIZED DIS	POSITION(S) CHECK A	APPLICABLE ITEMS		Car Dansoy Car	1		NER'S USE ONL	Y _
X A. BURIAL (INC	LUDES ENTOMBMENT)		E. TEMPORARY	ENVAULTMENT	l.	L DISPOSITION P	ENDING REMAINS L	OCATE
B. CREMATION			F. DISINTERMEN	T	1	(Name and Add	ress)	
C. DISPOSITION	OF CREMATED REM	MANS OTHER	G. SHIP IN TO C	ALIFORNIA				
D. SCIENTIFIC			H. TRANSIT TO	OUTSIDE OF CALIFORNIA				
	11A. NAME AND A	ADDRESS OF CALIFORNIA C	EMETERY	118. DATE BURIE	ED 110. 5	HIGHATURE, OF PERSO	ON IN CHARGE OF E	BURIAL
BURIAL	MOUNT HO	CEMETERY, 37	51 MARKET ST.	10-111 011	1/1	// //	_	2.0
m	SAN DIEG	30,CA.92102		10-14-04	i >/_	14 110		
CDCMANON	12A. NAME AND A	ADDRESS OF CALIFORNIA C	REMATORY	12B. DATE CREMA	TED 120 5	SIGNATURE OF SERSO	IN IN CHARGE OF C	REMATION
	18			1	;			
SCIENTIFIC	-				D			
SCIENTIFIC	13A. NAME AND A	ADDRESS OF CALIFORNIA F	ACILITY HEGELVING HEMAI	NS 138, DATE HECE	13C. S	NGNATURE OF PERSO	N IN CHARGE OF F	ACILITY
1 11504				<u> </u>	1.			
₫	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE			148. DATE SHIPE	ED MC A	DDRESS AND SIGNAT	TIDE OF DEDSON IN	CHARGE
TRANSIT	REMAINS OR	CREMATED REMAINS ARE	TO BE SHIPPED	140. DATE SHEP		F PLACING WITH THE		Grande
TRANSIT				i	i_			
SCATTERING AT SE	15A. ADDRESS NE	AREST POINT ON SHORELINE,	OR OTHER DESCRIPTION S	UF- 158 DATE OF	15C. S	IGNATURE OF PERSO	ON IN 150. LICENSE	NUMBER
OR	FICIENT TO ID	DENTIFY FINAL PLACE AND CA	DISTRICT OF DISPOSITION	DISPOSITIO		HARGE OF DISPOSIT	ION OF CRE	MATED RE- DISPOSER
DISPOSITION OTHER				į.			-# AP	PLICABLE
ASSESSMENT OF THE PROPERTY OF								



And

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/12/04

You are hereby authorized of		pject to your rules		ter the remains
ina NA		Funeral, date, tim	. Mm 10/2	5 11:00
Type of Burial Cor Church, Chapel, Graveside			ramily'	Mortuary.
All Funeral cars must arrive	a before 3:00 p.m.	ol regular work da	ay or an extra charge	of \$
will be applied and billed to	undersigned	.,	278	
80 E	4	(9.	an .	T
Division Sect	ion Bii	K/HOW	Lot OF Gra	72 -
Grave space & Care Fund		DAI	N	
Overtime/Late Arrival Fees	0417.0000.000.00000000000000000000000000		U	1110-
Opening/Closing & Setup				110-
Burial Container		CAMPANIES DISTANCE	2009	16/2·M
Handling Fees Flower vases Marker set			SEMPTEN63	85/38
Recording Filing/Transfer				60 -
			••••••	4.73
Sales taxes			79/.58/	765 73 (
خد اهم	Dald	receipt number	Mastercard	791.58
1612013505	rau	receipt number	Balance due	8
I hereby certify I am the	Xmorue	R	(52)(0)(0)(53)(1)	named decedent
and this is your authority t that I have the right to mak any liability on account of s	make disposition e this authorization	of remains as at	ove indicated. I certi	ly and represent
I hereby authorize the inter	ment in lot I	A PROPERTY OF A PROPERTY OF	A M. WALD	
hold under deed.	1 111	(6176	BEADNELL	WAY #83
Dana M. L	Saldrer		01600 CA	
tanflaule	He	Tolephone	8 278-802	4 Zip Code
⊏ 18	763	Invoice # _		
Work Order #		Acct. #		-
REA-104 (3-04)	This infont	ation is available	in atternative forma	ts upon request.

O Printed on respeled paper

MT HOPE CEMETERY C-18763

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			
		x			
	2 00	SMI			
Blind Check In	itiated By:	Pau	ette,	Date:∤∂	(20)
Interment space	ce for:	Atton	y Wa	don	à
Interment Date Div: 12 S	:	25 Blk/Row:_	Time: Lot:	11:00	7 or. 7
Grave Laid ou	t by: Na	mant	enus		-
Agrees with Le	gal Card:	Ø Yes	□ NoC	an/	
Agrees with M	ap: Ø Yes	, , 🗆	No	y	
Blind Check 8	Verified B	y pland	Novie	ي Date	10-21-04

E-18763

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMIL		2 DAT		DATE OF DEATH	4. SEX
Anthony	ony James Waldron			MONT 027	13/1984 M	9/16/2004	M	
A. CITY OF DEATH		<u> </u>		F DEATH — OUTSIDE CAL	F. 6. NAME, RELAT	ONSHIP, FULL MAI	ILING ADDRESS AND	ZIP CODE
Medford			ENTER STATI	Oregon		argent (Gr	randma)	
Featherin	DDRESS OF CALIFORN 18111 Mortus 19, CA 92115	A-FUNERAL DIRECTOR OF PER ATY: 6322 B1 Ca	son acting as such 7 on Blvd.	B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1083	San Die	eveland Av go, CA 921 FAPPLICANT-PHR	0.000	SIGNED
ACKNOWLEDGEMENT OF		owledge as applicant that the proposed dispose and Salety Code, and was authorized pursuant			B 11.00	دكرس		5/2004
-FERRIT	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS O AND SAFETY CODE AND IS THE AUTH N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFO	13,00	10/15, M. Domi	nguez >		EGISTRAR ISSUING PE	AMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERIMIT TO SHOW FINAL DISPOSITION		GISTRAR OF DISTRICT OF DE ED IN CALIFORNIA	ATH —	P.O. Box 85 San Diego,	UR IN ANOTHER DISTRIC	T IN CALIFORNIA	¥.	
A. BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS O	OTHER	E. TEMPORARY E F. DISINTERMENT G. SHIP IN TO CAL D. TRANSIT TO OR			(Name and Address)	ING — REMAINS LOCA	TED AT
BURIAL		DRESS OF CALIFORNIA CEME Cemetery: 3/51 , CA 92102	Market St.	11B, DATE BUR	11C. SIGN.	ATURE OF PERSON	NIN CHARGE OF BU	JRIAL
GREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREI	MATORY	12B. DATE CRE	MATED: 12C SIGN.	TURE OF PERSON	N IN CHARGE OF	REMA
GREMATION SCIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		INS 13B, DATE REC	EIVED 13C, SIGN.	ATURE OF PERSON	N IN CHARGE OF FA	CILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHII	ALLETTES GOVERNMENT	ESS AND SIGNATU ACING WITH THE	URE OF PERSON IN CARRIER	CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, DIDENTIFY FINAL PLACE AND EA, <u>ONLY</u> ENTER LATITUDE AN	CA DISTRICT OF DISPO			ATURE OF PERSON IGE OF DISPOSITION		REMAINS DIS-

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/12/04

IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ubject to your rules and regulations, to inter the remains
of Koberto 11	4102 100019
in a // Ney Type of Bunal Container	Funeral, date, time _Fr1 /5 10:0044
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°0.
will be applied and billed to undersigned	
Division / O Section E	Blk/Row 16/2 Lot HO Grave /
Division / C Section E	Slk/Row 6/1 Lot Grave /
Grave space & Care Fund Pre	ned 11836 F P
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container LIMCH	278
Handling Fees	/1/3
Flower vases - Marker setting fee	132 ff 1
Recording/Filing/Transfer Fees	132
Sales taxes	21.54
	Total Due
Paid	receipt number 58 /24 //93.54
,	Balance due
I hereby certify I am the brother	of the above named decedent
and this is your authority to make disposition	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
	-11-1
I hereby authorize the interment in lot I 100 hold under deed.	Prie Nama
ledy hours	Arthress
Segnature Commerce Co	2881 washington st.
	Lemon Grove CA.
	Telephone 337-24 89
- 10744	Invoice #
Work Order # E .18764	Acct. #

MT HOPE CEMETERY €-18764

GRAVE BLIND CHECK FORM

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

ne burial	space.	T .		1		r
-		Post	White			
	Too	20M	x		Hovel	
	-	Pri	1tz	Ga	dis	
ntermen		r:_ <u>Ro</u>	berto		Date: no2 10 - 00	10/12
) Sect:_ aid out by:	7.0		Lot	: <u>[U17</u> G	r:
grees w	vith Legal	Card:	Yes (blasa	ne
igrees w	итп мар:	Yes	/ "	10	7	

POWER OF ATTORNEY 6 | 8764 SPECIAL

	A
KNOW ALL MEN BY THESE PRESENTS: That Hereinafter individually and/or collectively "principal David N. Swim, DBA Cemetery Sales Information true and lawful attorney to act for principal's name, preform and sign in (his/her/their) place in all matters	", hereby makes, constitute and appoint Services and any of its authorized agents principal's lace and stead for principal's use and benefit to
rights to any other party or parties to that certain parce	
CEMETERY DESCRIPTION: MT. HOPE, DIVI	
CARA DAN AT TA	
This listing and Power of Attorney: (check one only)	
May NOT be canceled for 3 years from	the date of listing.
May NOT be canceled for One (1) year	from the date of listing.
is in progress by the broker or its agent	ten (10) days written notice, provided no sale
Any cancellation must be in writing to David N. Sv	
This Power of Attorney shall not be affected by the su	
ALTERNAL MATERIAL SECTION OF THE SEC	
Principal hereby grants to said attorney in fact full po-	
act and thing which may be necessary, or convenient,	
all intents and purposes, as principal might or could d	
confirming all that our said attorney in fact shall lawfe	ully do or cause to be done by authority hereof.
Wherever the context so requires, the singular number	r includes the plural.
Micros Indiana American Indiana American Indiana American Indiana American Indiana American Indiana American I	- Monado da pratan
WITNESS my hand this day of	2 - 21 - , 200 4
Tack pada	Shinger R. Holden
Principal's Signature	Principal's Signature
Paul J. Hold EN	Shirley R. HoldEN
Print Name	Print Name
California	
STATE OF COUNTY OF	
COUNTY OF SANTA BARBARA	}ss.
	TO BE SEE THE SEE THE SECOND CONTROL TO THE
On this 2/St day of February, 200 undersigned, a Notary in and for the said State, person	in the year of 2004, before me, the
personally known to me (or proved to me basis of sati	sfactory evidence) to be the person C whose
name(6) is/are subscribed to the within instrument, an	
same in his/her/their authorized capacity(S) and that b	H. 대한 H.
person(6), or the entity upon behalf of which the person	500 200 D 24 1954 B.V. (1918 - 1909)
	Shannon M. Marshell
WITNESS my hand and official seal.	stumon in the wares

SHANNON M. MARSHALL
Commission # 1390545
Notary Public - California
Santa Barbara County
My Comm. Expires Dec 17, 2006

Notary Public in and for said State

Century Sole 540 Broadway May tay of Vice

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(1)

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

_			OSC BENOK INK ONC! - NO	THE THE ETHOOMES, I	THILLOUIS ON O	TIEN ALIENATIONS			2.0
1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH		OF DEATH	4. SEX
	Robe	rto	Flores	Hunoz		0872071941		72004	M
5	A CITY OF DEATH	esa		ENTER STATE	H - OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FUL OF INFORMANT Jesus Munoz -			ZIP CODE
7/	Comm		ia - Funeral director or Person ary 855 Broadway 1 91911	N ACTING AS SUCH 78. CAL — IF.	F. LICENSE NUMBER APPLICABLE	2881 Washingt Lemon Grove, 8A. SIGNATURE OF APPLICANT	on Stre GA 9194	et 15	SIGNED
Ξ	ACKNOWLEDGEMENT OF		rowledge as applicant that the proposed disposition and Salaty Code, and was authorized pursuant to S			- Walnu /tu	upley	10/1	2/2004
1	AUTHORIZATION OF	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR N SPECIFIED IN THIS PERMIT. D RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		98. DATE PERMIT I 10/12/20 D. Humph:	004 2417343	CAL REGISTIA	AR ISSUING PE	RMIT .
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF RE IF DEATH OCCURR Dept. of V	egistrar of district of Deat led in California San Dieg ital Records P. 6. CA 92186-5222	H-County SE ADD	RESS OF REGISTRAR O	F DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNI —	A		
1	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY G.		E. TEMPORARY ENVAUL F. DISINTERMENT G. SHIP IN TO CALIFORN D. TRANSIT TO DUTSIDE	ia.	I. DISPOSITION (Name and Addi			red at	
	BURIAL	Mt. Hop	DDRESS OF CALIFORNIA CEMETE COMETRY 3751 N GO, CA 92102	MANAGER OF THE SECTION OF THE SECTIO	10 15-0		RSON IN CH	ARGE OF BU	RIAL C
LE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMAT	TORY	12B DATE CREMA	TED 12C. SIGNATURE OF PE	RSON IN CH.	ARGE OF CE	IEMATION
COMPLETE ALL APPLICABLE ITEMS	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		138, DATE RECEIV	ED 13C, SIGNATURE OF PE	PSON IN CH	ARGE OF FA	CILITY	
COMPLETE	TRANSIT		ODRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPPE	D 14C ADDRESS AND SIG OF PLACING WITH			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OF DIDENTIFY FINAL PLACE AND CA EA, <u>ONLY</u> ENTER LATITUDE AND I	DISTRICT OF DISPOSITIO	15B, DATE OF N. DISPOSITION	15C, SIGNATURE OF PE CHARGE OF DISPO		15D LICENSE CREMATED RI POSER — IF A	EMAINS DIS-



At

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10 13 04

You are hereby authorized and instruct	ed subject to your rule	s and regulations,	to inter the remains
of Session	a onzaile	VI 10	1000
in a Type of Buriel Container	Funeral, date, ti	We Hay	118 4.30
Church, Chapet Graveside		Guadal	wanomortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work	day or an extra ch	arge of \$
will be applied and billed to undersigne	id,		
Division 12 Section 1	Blk/Row	LOI_51	Grave_7
Grave space & Care Fund			1310
Overtime/Late Arrival Fees			
Opening/Closing & Setup	DΛ	ח	549-
Burial Container		10	36de-
Handling Fees	OF I	2004	271-
Flower vases - Marker setting fee			magnes .
Recording/Filing/Transfer Fees	- WITHOP	E CEMETER	y de
Sales laxes	MODM: 110.	-	28.3
	Paid receipt number	Total Due	25903 164831
· · · · · · · · · · · · · · · · · · ·	Paid receipt number	58133	e due (p4) 0
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorized in the authorized in the second of said authorized in the authorized in the second of the second in	rization and I agree to	above indicated. I	ove named decedent certify and represent netery harmless from
hold under deed.	Address X		
Dan	City Telephone		Zip Code
₋ 18765	Invoice #		
Work Order # E .10702	Acct. # _		

MT HOPE CEMETERYE - 8 765

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Pam Date:(0] 13 Interment space for: Jeaus Gon 20 lez Interment Date: 10 8 Time: 9:30 Div: Sect: Blk/Row: Lot: 51 Gr: Grave Laid out by: Agrees with Legal Card: Yes No No M.					aukirs	
Interment space for: Tesus Gon 20lez Interment Date: Mon 10 8 Time: 9:30 Div: 12 Sect: Blk/Row: Lot: 51 Gr: 7 Grave Laid out by: Soman English			x			the ason
nterment space for: Tells Gon 2alez nterment Date: Min 10 8 Time: 9:30 Div: D Sect: Blk/Row: Lot: 51 Gr: 7 Grave Laid out by: Saman English	•	3				
nterment space for: Tells Gon 2alez nterment Date: Min 10 8 Time: 9:30 Div: D Sect: Blk/Row: Lot: 51 Gr: 7 Grave Laid out by: Saman English						
Agrees with Legal Card: Tyes D No Life M.	nterment D Div: <u>\</u> Grave Laid	Sect: _\ out by:\\\ out by:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10/18 T Blk/Row: _	ime: C	1:30	
Agrees with Map: Yes No No		Legal Card	Yes [No A	de 1	m.

6112 West and Street Riollinda CA 95673 E-18767 178720 Vogt, Phu B. 3880 Cameo Dr Oceanside 92056 (760)945-0714 DIV 12 SEC 2 LOT168 CR7 10-13-2004 Opened pre-need lot and trust to include 1310.00 open/close, liner, handeling fee, recording 1127,50 fee and tax by M/C 25% down 600 00 1837.54 7-28-05 mailed Delinguent Notice 8-19-05 Sent to Ms Vogt application for the rehead of 8 600 - Which went to 80% of her selected but. 9-14-05 marled Certified Doling went letter

E-18765

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDOLE	IC. LAST (FAMIL	n		2. DATE OF BERTH	3. DATE O		4. SEX
JESUS		RIOS	GONZAL	EZ		09713/1951	10/04	/2004	M
A CITY OF DEATH		*S	58, COUNTY OF I	EATH-OUTSIDE CALIF.,		E, RELATIONSHIP, FULL I	MAILING ADDRI	ESS AND ZIF	CODE
ONTARIO	more than a state of the same		SAN BESNE	RDINO	BEAT	IRIZ GONZALE	Z-DAUGH	TER	
			OR PERSON ACTING AS SUCH 78	CALIF LICENSE NUMBER —IF APPLICABLE	10/	NEWTON AVE			4
		,2601 IMPERIA	T AVENUE	31425		DIEGO, CA, 92			,
SAMO	CA, 92102		L-7		8A. SIG	NATURE OF APPLICANT	Person taking permi		
ACKNOWLEDGMENT OF AP			e proposed disposition status herein is one o, and was authorized pursuant to Section 710		> ,	Soll Chiles	. /		2/200
PERMIT	THIS PERMIT IS ISS	LIED IN ACCORDANCE WI FORNIA HEALTH AND SAF	TH PROVI- SA. AMOUNT OF F	EE PAID 88. DATE PERM	IT ISSUED	BC. SIGNATURE OF L	OCAL REGISTI	RAR ISSUING	PERMIT
AUTHORIZATION OF	AND IS THE AUTHORI IN THIS PERMIT.	TY FOR THE DISPOSITION	SPECIFIED @13 00	10/12/10	104	RRIC FRYK	MAN M	n # 4	
LOCAL REGISTRAR	Control of the Contro	NO HEAT OF CHIPCHAL CUTSOR C	F GALLOWSK			10	- 3	10.1	
MY CHANGE IN DISPOSE TION REQUIRES A NEW	9D. ADDRESS OF R	EGISTRAR OF DISTRICT	OF DEATH— 9E	. ADDRESS OF REGISTRA IF DISPOSITION IS TO GO		NOTHER DISTRICT IN CAUP			
PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	EDS, 351 N.ME		SAN DIEGO CO.			OSECRAN	IS ST.	75743
and the second second		DINO, CA, 92415	13	SAN DIEGO, CA	92				-4
O. AUTHORIZED DISPO	OSITION(S) CHECK	PPLICABLE ITEMS				FOR COL	RONER'S U	ISE UNLY	
A. BURIAL (INCLU	IDES ENTOMBMENT)		E. TEMPORARY	ENVAULTMENT		I DISPOSITION	PENDING-R	REMAINS LO	CATED AT
B. CREMATION	us - Warrange - At 1957 C		E. TEMPORARY			(Name and	PENDING R Address)	REMAINS LO	CATED AT
B. CREMATION	OF CREMATED REM	JAINS OTHER		10		I, DISPOSITION (Name and	i PENDING—R Address)	REMAINS LO	CATED AT
B. CREMATION C. DISPOSITION (OF CREMATED REM	JABAS OTHER	F. DISINTERMENT	10	v)	I DISPOSITION (Name and	i PENDING—R Address)	REMAINS LO	CATED AT
B. CREMATION C. DISPOSITION (THAN IN A CE	OF CREMATED REMETERY SE.	ODRESS OF CALIFORNIA	G. SHIP IN TO CA	LIFORNIA		DISPOSITION (Name and)	Address)		
B. CREMATION C. DISPOSITION (THAN IN A CE	OF CREMATED REM EMETERY SE. 11A. NAME AND A MOUNT! HO	DDRESS OF CALIFORNIA	F. DISINTERMENT G. SHIP IN TO CA	NLIFORNIA DUTSIDE OF CALIFORNIA		(Name and	Address)		
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Pred

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10 13/04

Dhu D	tructed, subject to your rules and regulations, to inter the remains
of ritte	Fundred date, time
Church, Chapel, Graveside	: Mortuary.
	3:00 p.m. of regular work day or an extra charge of \$
will be applied and billed to under	11
The second secon	
Division 2 Section	2 Blk/Row Lot XOS Grave 7
Grave space & Care Fund	7 ass-
Overtime/Late Arrival Fees	
	413 -
Opening/Closing & Setup	209-
Burial Confainer	140-
Handling Fees	
Flower vases - Marker setting fee	/ / / / / / / / / / / / / / / / / / / /
Hecording/Filling/Transfer Fees	16.30
Sales taxes	1823 2
	Total Due
	Paid receipt number
	Riend Balance due 1999 a
I hereby certify I am the and this is your authority to make	disposition of remains as above indicated. I certify and represent
that I have the right to make this a any liability-on account of said aut	Athorization and I agree to hold Mt. Hope Cemetery harmless from lorization and interment.
(R)	chuan have Hoans
I hereby authorize the interment in hold under deed.	Prof Name
	Address
Signature	City Zp Code
kur	Telephone
1000	2000
F 1876	5 Invoice #
Work Order # L	ACCI.#
REA-104 (3-04)	This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego ·

D(41.	S 14 SS	Date 10 13	104
ou are hereby authorized and instructed	d, subject to your rules a	and regulations, to inter the	ne remains
Phu B. 1	loat _	22.82	20
a liner	Funeral, date, time		
Type of Burial Contamer hurch, Chapel, Graveside			_ Mortuary.
I Funeral cars must arrive before 3:00	p.m. of regular work day	or an extra charge of \$	
Il be applied and billed to undersigned.	R _{estrict}		-
vision 17 Section 2	_ Blk/Row	Grave_	7_
rave space & Care Fund		1	310
vertime/Late Arrival Fees	16.74		
pening/Closing & Setup	16.0	189 1 C	549
urial Container	7 % T	3	278-
andling Fees	75,4 10	B 700 3	H3-
ower vases - Marker setting fee	12.619	- 13, 36	102-102-
ecording/Filling/Transfer Fees	1	12, 6/	(06)
ales taxes		7	71.54
		atal Due	13754
75	Paid receipt number	C (00) -18	315
	au receipt number	Balance due	37.54
Q.	0,	100000000000000000000000000000000000000	1212
nereby certify I am the	sition of lemains as abo	of the above name we indicated. I certify and d Mt. Hope Cametery ba	nd represent
y liability on account of said authorizat	ion and interment.	0 0	
nereby authorize the interment in lot I	X PHU	- B. VOG	T i
old under deed.	PrinfNarrie 20 8	n Comen	1
	Address A	11/2 /2 9	DOCK!
nature	To L	01 5 0211	Zig Code
12	Talophano O	-442-0116	/ -
(cm)	est Variable de		1
F 18767	Invoice #	-	
ork Order #	Acct. #	THE STREET PROPERTY OF THE STREET	

O Printed on recycled paper

6112 West in 1 Street, Riolling a CA General's E-18767 -Vogt, Phu-B. 3880 Cameo Dr Oceanside 92056 (760)945-0714 DIV 12 SEC 2 LOT168 CR7-10-13-2004 Opened pre-need lot and trust to include 1127.50 open/close, liner, handeling fee, recording fee and tax by M/C 25% down 600 100 1837.54 7-28-05 marked Delinguest Notice 8-17-0: Sent to Ms. Voyt application for the returned of 8 600 - Which went to 80% of her selected

MT. HOPE CEMETERY

INTERMENT ORDER	
Need of City of San Diego	- 111 -011
Stare of Davis City of San Diego Date 10	-14-04
You are hereby authorized and instructed, subject to your rules and regulations, to	inter the remains
of Leonard Davis & Tues	19th AL
in a ASH VALUE Funeral, date, time Thurs Type of Buriel Container Delivery only Rogs dal	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge	e of \$
will be applied and billed to undersigned.	
Division 12 Section 3 Blk/Row Lot 44 Gr	ave 12
Grave space & Care Fund	
Overtime/Late Arrival Fees	116.00
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.0D
Flower vases - Marker setting fee MOUNT HOPE CEMETERY	
Recording/Filing/Transfer Fees	5000
Sales taxes	4.73
N 31 5154.2	297.73
	297.73
Pald receipt number VISA Card Balance de	ue
hereby certify I am the Step-Som of the above and this is your authority to make disposition of remains as above indicated. I certhat I have the right to make this authorization and I agree to hold Mt. Hope Cemetary liability on account of said authorization and interment.	named decedent tify and represent ery harmless from
Prof Name	son In # 303
Chula VISTA Chula VISTA Chy Chula VISTA	(A S 19 11 26 Code
Paulette Invoice #_	
1 E 18/68	
Nork Order # Acct. #	



MT HOPE CEMETERY E 18768

GRAVE BLIND CHECK FORM

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

	12					
				Vellore		
. i.	wi llies		x			
•		Babiasa	polar	Hunt		
ntermeni	eck Initiate t space for t Date: 1	: Lec	TEO	ime:	Date: _ ViS Del	10/14
	_ Sect:_ id out by: <u>'</u>	-			<u>44</u> e	ir: <u>1</u> 2
	ith Legal (7	las 1	M
Agrees w	ith Map: &	Yes	ПМ	0	1 4	ROP
ACTION SHIPSONS	WALKE GROWING	PAR TENNES	-	•	U ~ N	•

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO EDASLIDES, WHITEOUTS OF OTHER ALTERATIONS

_			USE BLACK INK ONLY - MA	ARE NO ERASURES,	WHITEOUTS ON OT	HEH ALIERATIONS		_	
1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH		SEX	
_	Leonard			Davis		0372671919	10/10/2004 M	1	
5/	A. CITY OF DEATH			5B. COUNTY OF DEA	ATH — OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL OF INFORMANT		CODE	
	San Die			San	Diego	Amos Johnson, S			
7/	Anderson-R San Diego,	agsdale Mo	NIA-FUNERAL DIRECTOR OR PERSON OFTURETY; 5050 Fede	ral Blvd	APPLICABLE	815 Third Avenu Chula Vista, CA	91911	40 B	
	san nrago,	CA 92102		Y	D-1329	BA. SIGNATURE OF APPLICANT-	Person taking permit BB. DATE SIGN	ED	
_	ACKNOWLEDGEMENT OF A	PPLICANT I hereby ac of the Heat	knowledge as applicant that the proposed disposition th end Salety Code, and was authorized pursuant to S	lection 7100 of the Health and Safety	Code	> Klan Cours	DU 10/15/20	-	
	PERMIT		IN ACCORDANCE WITH PROVISIONS OF	SA. AMOUNT OF FEE PA			AL REGISTRAR ISSUING PERMIT	٠	
	NAME OF TAXABLE PARTY.	ITY FOR THE DISPOSITI	'H AND SAFETY CODE AND IS THE AUTHOR ON SPECIFIED IN THIS PERMIT.	Water Comment	10/18/200	The state of the s			
	LOCAL REGISTRAR		NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	123.00	B. Campb				
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Leaves 10 Octobrisher		STED IN CALIFORNIA BOX 85	222	KARANTA LIKA-ET LI COMO SICA.					
Ĺ	DISPOSITION	San Diego	, CA 92186-5222						
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLI	CABLE ITEMS			FOR C	ORONOR'S USE ONLY		
4	A BURIAL (INCLUDE	S ENTOMBMENT)		E TEMPORARY ENVAU	LTMENT		ENDING — REMAINS LOCATED AT		
4	B. CREMATION			F. DISINTERMENT		(Name and Address	•		
[C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE		OTHER	G. SHIP IN TO CALIFOR D. TRANSIT TO OUTSID					
-	100		DDRESS OF CALIFORNIA CEMETE		11B. DATE BURIED	11C. SIGNATURE OF PER	SON IN CHARGE OF BURIAL	_	
	BURIAL		Cemetery; 3751 Ma o, CA 92102	rket Street	11-9-04	Norman F	0		
			ADDRESS OF CALIFORNIA CREMAT		12B. DATE CREMA		SON IN CHARGE OF CREMAT	TION	
LE MEMB	CREMATION		tion Services, In Vista, CA 92083	c.; 2570 For	10/25/200	S.W. School	ck		
S		13A. NAME AND A	ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PER	ISON IN CHARGE OF FACILITY	Y	
ALL APPLICABLE	SCIENTIFIC USE								
		14A. NAME AND A	ADDRESS IN RECEIVING STATE OR	COUNTRY WHERE	14B. DATE SHIPPE	D 14C. ADDRESS AND SIGN	NATURE OF PERSON IN CHAR	AGE	
PLE	TRANSIT	REMAINS OF	R CREMATED REMAINS ARE TO BE	SHIPPED	Power on the transport of the	OF PLACING WITH T	HE CARRIER	0.505.	
COMPLETE								15	
0			EAREST POINT ON SHORELINE, OF		15B. DATE OF	15C, SIGNATURE OF PER			
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	IF BURIAL AT	TO IDENTIFY FINAL PLACE AND CA SEA, <u>ONLY</u> ENTER LATITUDE AND		ON DISPOSITION	CHARGE OF DISPO	SITION CREMATED REMAIN! POSER — IF APPLIC		

Atad

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to infer the remains 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. Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup...... Flower vases - Marker setting fee Recording/Filing/Transfer Fees... Paid receipt number Balance due I hereby certify I am the 10 1 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. authorize the interment in lot i under deed. Invoice # E 18769 Acct. #

REA-104 (3-04)

MT HOPE CEMETERY E 18769

GRAVE BLIND CHECK FORM

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

			Rep.			
	C. T.	-		•		
			x	with	tries	
* <u>*</u>		Moore		Landers		
			100 L	-	93	10/19
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				3 Lot:_	- 325	ir:/
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Blind Ch	eck & Ver	rified By:	aid-	Noricy	ے Date:	10-19-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

47

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

_			USE BEACK INK ONLY -	- MAKE NO ENASOR	ICO, TYPE	TIEOUTS ON O	INCH AL	TEMATIONS	50		X
1A	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMI	rx)			2. DATE OF BIRTH		OF DEATH	4. SEX
	CHARLES	3	EDWARD	SPENCE	R		0471471937 1071372004				M
5/	CITY OF DEATH	525		5B COUNTY O		- OUTSIDE CALIF.		RELATIONSHIP, FULL FORMANT	MAILING A	DORESS AND	ZIP CODE
	SAN DI			SAN DI	930		DEB	ORAH MONTES	-DPOA		
7.A	PUNERAL	IA AZILAN	IA FUNERAL DIRECTOR OR PE		— IF APP		LAK	11 HIRAM WA ESIDE, CA., ATURE OF APPLICANT	92040	- IBB DATE	SIGNED
	ACKNOWLEDGEMENT OF A		rowledge as applicant that the proposed displant and Safety Code, and was authorized pursua			orized by Section 103055	90	ian a ma	uo	200	8/2004
	PERMIT		N ACCORDANCE WITH PROVISIONS		EE PAID	98. DATE PERMIT	ISSUED	9C. SIGNATURE OF LOCA	AL REGISTRA	R ISSUING PE	RMIT
	AUTHORIZATION OF	ITY FOR THE DISPOSITION	AND SAFETY CODE AND IS THE AU IN SPECIFIED IN THIS PERMIT. IN RIGHT OF DISPOSAL OUTSIDE OF GALI	\$ 13.00)	10/18/200		2417587			
	LOCAL REGISTRAR	9D. ADDRESS OF RE	GISTRAR OF DISTRICT OF D	DEATH—				T OF DISPOSITION -	1		-
er g	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VITAL RECO	RDS P.O. BOX 85 CA., 92186-5222	5222	IF DISP	DISTION IS TO DOCUM	R IN ANOTHE	PI DISTRICT IN CALIFORNIA	8	£ 25	
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLIC	ABLE ITEMS					FOR C	ORONOR'S	USE ONLY	
1	A. BURIAL (INCLUDE	B ENTOMBMENT)		E. TEMPORARY E	NVAULTME	INT		TI DISPOSITION P	ENDING — R	EMAINS LOCAT	ED AT
Ī	B. CREMATION			F. DISINTERMENT				(Name and Addres	sa)		PO151 11 11 11 11 11 11 11 11 11 11 11 11
Ē	C. DISPOSITION OF	CREMATED REMAINS	OTHER	G. SHIP IN TO CA	LIFORNIA						
E	D. SCIENTIFIC USE			D. TRANSIT TO O	UTSIDE OF	CALIFORNIA		1			
-			DRESS OF CALIFORNIA CEN			118. DATE BURIE	D ; 110	C. SIGNATURE OF PER	SON IN CH	ARGE OF BU	RIAL
	BURIAL		E CEMETERY, 375	MARKET ST.				1/	_	31	
		SAN DIEGO	,CXA,92102			10 22.0	24	Kurn 1		umy	1
S		12A, NAME AND A	DDRESS OF CALIFORNIA CRI	EMATORY		12B. DATE CREM	ATED 120	C. SIGNATURE OF PER	SON HOCH	ARGE OF CR	EMATION
TEMS	CREMATION						- 4		1		
BE							>				
UCA		13A, NAME AND AD	ODRESS OF CALIFORNIA FAC	CILITY RECEIVING REMA	NNS	138, DATE RECEI	VED 13	C. SIGNATURE OF PER	RSON IN CH	ARGE OF FA	CILITY
APPLICA	SCIENTIFIC										1
H							-				
H		Control of the Contro	DORESS IN RECEIVING STATE		in the state of th				CHARGE		
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8							>				
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	SCATTERING/BURIAL AT SEA OR		D IDENTIFY FINAL PLACE AND SEA, <u>ONLY</u> ENTER LATITUDE A		USITION:	DISPOSITIO	N	CHARGE OF DISPO	SCHON	POSER - IF A	
	THAN IN A CEMETERY	10-50-000 (S-0)-00-00-00-00-00-00-00-00-00-00-00-00-					¥			6 6 6	
	A WAR TOWNS AND STREET STREET						•				

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/14/04

You are hereby-authorized and instruct	led, subject to your rules and regulations, to inter the remains
or tatricic	
100 TS Vault	Funeral, date, time MM 1018 1:50
Type of Burial Container Church, Chapel, Graveside	: Ragedale Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	id.,
Division 12 Section 2	BIK/Row Lot 219 Grave1
Grave space & Care Fund	G85-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
A SECURITOR PRODUCT AND SECURITOR SE	OCT 1 4 2004 275
Handling Fees	201-
Flower vases - Marker setting MAIQ	JNT HOPE CEMETERY (38-
Recording/Filing/Transfer Fees	
Sales taxes	719-21 21.31
	Total Due
	Paid receipt number 58135 208631
	Balance due
I hereby certify I am the BR	STHER
and this is your authority to make disp	
I hereby authorize the interment in lot I hold under deed.	X CONNIE WOOLRIDGE JE X 1713 EAST SHOREVIEW OR
	Adjos C. I DO SHOKEVIEW DK
Signeture Farm	Con (925) 735-9345 2p Code
Work Order # E .18770	Invoice #
- Committee Comm	Information is available in alternative formats upon request.

& Printed on recycled paper

MT HOPE CEMETERY E-18770

GRAVE BLIND CHECK FORM

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

	T	-			
	sillapi		tavarez		
		x		totales	
			1		
	e for: Putri	-		Date:	2.0
	: <u>Man li</u>			<u>`.00</u> 219 G	r: _]
Grave Laid out	by: Norman	Par	ulorn		
Agrees with Le			No J		

Blind Check & Verified By: Miller Sarrache Date: 10/15/04

Agrees with Map:

Yes

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

			USE BL	ACK INK ONLY — MAI	KE NO ERASURES	5, WH	TEOUTS OR O	HEH A	LIERATIONS	30		
	NAME OF DECEDE	NT—FIRST (GIV	97 E 20	DLE .	1C. LAST (FAMILY) Woolrids	ze			2. DATE OF BIRTH			4 SEX
	San D: Anderson- San Diego	DRESS OF CALL	Mortua	AL DIRECTOR OR PERSON /	SB. COUNTY OF DENTER STATE SA ACTING AS SUCH 78. TAL BLVD	EATH CALIF.	Diego ICENSE NUMBER PLICABLE	Con 675	E RELATIONSHIP FULL HEORMANT MIE WOOLTING O DOTIANS ST Diego, CA 9 NATURE OF APPLICANT	MAILING ACTION OF THE PERSON O	other/D	POA
-	ACKNOWLEDGEMENT OF A	manager Thes	stry acknowledge as ap	plicant that the proposed disposition sta de, and was authorized pursuant to Sec	sted herein is one of the disposi	ions author		100	Ele Alendo	U.S.		4/2004
-	A PERMIT	THIS PERMIT IS IS: THE CALIFORNIA H TY FOR THE DISP	SUED IN ACCORDA MEALTH AND SAFET OGITION SPECIFIED	NCE WITH PROVISIONS OF Y CODE AND IS THE AUTHOR- ON THIS PERMIT.	9A AMOUNT OF FEE	Market Street	98. DATE PERMIT 10/15/20 B. Cample	04	9C. SIGNATURE OF LOCA 2417566	AL REGISTRA		
100		Vital B	COURAGE IN CAL	OF DISTRICT OF DEATH FORNIA P.O. Box 852 92186-5222	T. (****				CT OF DISPOSITION — IER DISTRICT IN CALIFORNIA	7250		
M.	A BURIAL (INCLUDE: B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	S ENTOMBMENT)			E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF	ORNIA	1000		I DISPOSITION PI		NAMES AND ADDRESS OF THE PARTY	TED AT
-	BURIAL	Mt. Ho		F CALIFORNIA CEMETER Lery; 3751 Ma 92102			118. DATE BURIE	74/	IC. SIGNATURE OF PER	1		RIAL
SLE ITEMS	CREMATION	12A. NAME A	ND ADDRESS (OF CALIFORNIA CREMATO	DRY		12B. DATE CREM	ATED 1	28. SIGNATURE OF PER		ABOR OF CR	EMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME A	ND ADDRESS C	OF CALIFORNIA FACILITY	RECEIVING REMAIN	S	13B. DATE RECEI	VED 1	3C. SIGNATURE OF PER	ISON IN CH	IARGE OF FA	CILITY
COMPLETE	TRANSIT			N RECEIVING STATE OR C ED REMAINS ARE TO BE S		-	14B. DATE SHIPP	ED 1	4C. ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIE	NT TO IDENTIF	DINT ON SHORELINE, OR O Y FINAL PLACE AND CA D ENTER LATITUDE AND LO	ISTRICT OF DISPOS		15B. DATE OF DISPOSITION		5C. SIGNATURE OF PER CHARGE OF DISPO		15D LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/14/84

You are hereby authorized and instruct	tod cubloot to vary vido	e and constallance to	later the remains
or Bridget	Cole	20,800,000	C.
ina TS Varilt	Funeral, date, tii	me Tues!	10/19/100
Type of Burial Container Church, Chapel, Graveside		Ragsdal	e Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work o	lay or an extra charg	e of \$ 165-
will be applied and billed to undersigne	id		
Division Section	Blk/Row	Lot 1079 G	rave
Grave space & Care Fund			1095
Overtime/Late Arrival Fees			
Opening/Closing & Setup	PAID		413
Burial Container	1 / 110		- 25 -
Handling Fees	OCT 1 4 2004		204
Flower vases - Marker setting fee			
Recording/Filling/Transfer FeesMOU	NT HOPE CEM	ETERY	<u>60</u>
Sales taxes		((1))(****************************	10.10
		Total Due	2058.5
	Paid receipt number	58136	000000
11.	41.1	Balance d	ue C
I hereby certify I am the A A A A A A A A A A A A A A A A A A A	Social of remains as a	of the above	e named decedent
that I have the right to make this author any liability on account of said authoriz	rization and I agree to I	hold Mt. Hope Cemel	lery harmless from
()	اب ما	DIMA L.	1000
I hereby authorize the interment in lot I hold under deed.	Print Name		1 /
	Address	H College	71. FO
Storquire	W. C.	YOU GALDE F	7/7/3 Zp Code
tan	Telephone	677-337	3
- 18771	Invoice #		
Work Order # E .10//1	Acct. #		

MT HOPE CEMETERY E- 18771

GRAVE BLIND CHECK FORM

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

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		scholec	x	HEAN		
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lind Ch	eck Initiate	ed By:	du		_ Date:	10
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ntermen	the contract of the contract of	uos la	k/Row:	2577.23	(D) G	r:
ntermen Div: <u>10</u> Grave La	nt Date:\(\overline{\infty}\) \(\sum_\) Sect:\(_\)	US 10 BII	NROW: _	2577.23	100 G	on

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

The second second	1	USE BLACK INK ONLY	- MAKE NO ERASURES, WE	HILFOOLS ON OLH	ER ALTERATIONS			
A. NAME OF DECEDER	NT-FIRST (GİVEN)	18. MIDDLE	1C. LAST (FAMILY)	The state of the s	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX	
Bridget		Elaine	Cole		10/05/1958	10/10/2004	Y	
San Diego TA TYPED NAME AND AD ANDERSON— San Diego	Ragsdale M	ortuary, 5050	ENTER STATE Sen FRSON ACTING AS SUCH 78. CAUF.	Diego License number PLICABLE	NAME, RELATIONSHIP FULL OF INFORMANT Thelma L. Lee; 3241 College Gr Lemon Grove, CA SIGNATURE OF APPLICANT—	Mother cove Place #2 91945	.6	
ACKNOWLEDGEMENT OF A	PPLICANT I hereby activ	contexige as applicant that the proposed dis	position stated herein is one of the dispositions aufturns to Section 7100 of the Health and Safety Code	serized by Section 103055	Place Carol		5/2004	
	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS AND SAFETY CODE AND IS THE AI IN SPECIFIED IN THIS PERMIT DIRECT OF DISPOSAL DOTSING OF CAS	9A. AMOUNT OF FEE PAID	98. DATE PERMIT ISS 10/18/200 B. Campbe	4 2417592	N. REGISTRAR ISSUING PE	PIMIT .	
	VITAL REC	EGISTRAR OF DISTRICT OF RED IN CALIFORNIA OTAL P.O. BOX CA 92186-522	85222		DISTRICT OF DISPOSITION — ANOTHER DISTRICT IN CALIFORNIA		_	
B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE BURIAL	11A. NAME AND AL	DDRESS OF CALIFORNIA CE	F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. THANSIT TO OUTSIDE O METERY METERY METERY		11C. SIGNAPOROFOR		RIAL	
CREMATION		DDRESS OF CALIFORNIA CF	REMATORY	12B. DATE CREMATE	ED JC. SIGNATURE OF PER	ISON IN CHARGE OF CR	EMA	
SCIENTIFIC UBE	13A. NAME AND A	DORESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECEIVE	D 19C. SIGNATURE OF PER	ISON IN CHARGE OF FA	CILITY	
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE		14B, DATE SHIPPED	The state of the state of the	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO		IE, OR OTHER DESCRIPTION D CA DISTRICT OF DISPOSITION. AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		MAINS DIS-	

Atad

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

Jo	City of San Diego	Date 10[14/84
You are hereby authorized and instruc		- 0000M
in a	Funeral, date, tin	~ 110 maga
Onurch Charleside	;	Memoral Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work d	ay or an extra charge of \$
will be applied and billed to undersigned	ad	
Division 12 Section 2	Blk/Row	Lot 244 Grave 10
Grave space & Care Fund		985-
Overtime/Late Arrival Fees	MAIN	
Opening/Closing & Setup	PAIU	4/8 -
Burial Container		209_
Handling Fees	OCT 1 4 2004	160
Flower vases - Marker setting fee		
recording/Filling/Transfer FeMOUN	T HOPE CEME	TERY <u>50</u>
Sales taxes		14.20
	Paid receipt number _	Total Due 1833 20 58137 (833 20
. (1) a		Balance due
hereby certify I am the and this is your authority to make disp that I have the right to make this authorized any liability on account of said authorized	rization and I agree to h	of the above named decedent bove indicated. I certify and represent old MI. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	A Chr Print Name	istic Johnson
HOS GIVE GOOD.	(1021 E	. Lexington Ave. #19
Signature	- KEICE	Jon .ca. 92020
+an_	(UIA)	378 107 10 828 249
_ 10770	Invoice #	
Work Order # E .18772	Acct. #	

O Printed on recycled paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY & [8772

GRAVE BLIND CHECK FORM

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

the burial spa	ace, 				
4.					
	-	х	3		
	Brisch	Grantlin Hender	- Enried		
Blind Check	Initiated By:	Pan	`	_ Date:	10/14
	ace for: Wil		1 Pob	insor	7
Interment Da	ate: TUBS 10	19	Time:	11:00	
Div: 12	Sect: 2BII	· ·/Row: _	Lot: 1	044 c	er: 10
	out by:				
	Legal Card:		□ No	1 loa r	N
Agrees with	Map: 🛘 Yes		No	ren	n Jawe
Blind Check	& Verified By	Name 2	Mr.M.		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

		OSE BOACK HAK ONE!	THE THE ETHOOTIES, TH	III LOOTO OITO	THEN ALIEN	TIONS		
1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	18, MIDDLE	1C. LAST (FAMILY)			ATE OF BIRTH	3. DATE OF DEATH	
WILLIAM		WAYNE	ROBINSON JR.		02	27/1984	10/09/200	4 M
5A. CITY OF DEATH			5B. COUNTY OF DEATH ENTER STATE	- OUTSIDE CALIF.,	6. NAME, RELA		MAILING ADDRESS	AND ZIP CODE
SAN DIEG	0		SAN DIEGO		CHRIST	TIE JOHNS	ON-SISTER	
7A TYPED NAME AND A	DRESS OF CALIFORN	IA - FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 78. CALIF — IF AP		News Continue		POM AVEL A 2020 Pompang pome :88. Di	
ACKNOWLEDGEMENT OF	APPLICANT I hereby ade of the Heath	rowledge as applicant that the proposed disposition a and Safety Code, and was authorized pursuant to S	stated herein is one of the dispositions aut action 7100 of the Health and Safety Code	nortred by Section 103055 I.	> XX	ly tem	101	13/2004
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITIO	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	410.00	10/13/20 J. LEMON		GNATURE OF LOCA 417447	L REGISTRAR ISSUING	PERMIT
ANY CHANGE IN DISPOSI- TION PECUIPES A NEW PERMIT TO SHOW FINAL DISPOSITION	F.O. BOX	EGISTRAR OF DISTRICT OF DEATH B5222 CA 92186-5222		ESS OF REGISTRAN (POSMON IS TO OCCUR				
10. AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ABLE ITEMS	/			FOR CO	RONOR'S USE ONL	y C
A BURIAL (INCLUDE	ES ENTOMBMENT)	Į.	E. TEMPORARY ENVAULTN F. DISINTERMENT	IENT	E	I. DISPOSITION PE (Name and Address	ENDING — REMAINS LO 8)	OCATED AT
D. SCIENTIFIC USE		OTHER [G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O					
BURIAL	3751 10	DORESS OF CALIFORNIA CEMETE	RY	10/19/0	9 11C, SIG	MATURE OF PER	SON IN CHARGE OF	BURIAL
CHEMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREMAT	TORY	128. DATE CREMA	ATED: 120, SIG	NATURE CONTER	SON IN CHARGE OF	CREMATION
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	PRECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIG	NATURE OF PER	SON IN CHARGE OF	FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPI		DRESS AND SIGN PLACING WITH TI	ATURE OF PERSON HE CARRIER	IN CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OF O IDENTIFY FINAL PLACE AND CA SEA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	The same of the sa	NATURE OF PER ARGE OF DISPOS	SITION CREMATE	NSE NUMBER OF D REMAINS DIS- IF APPLICABLE

Prud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/14/04

1 LIZZIE	Fich burg 245	0.6
n a	Funeral, date, time	a
Church, Chapel, Graveside	ţ	Mortuary.
All Funeral cars must arrive before 3:00 p.m	. of regular work day or an extra charge of	\$
vill be applied and billed to undersigned		-
Division Section E	Blk/RowLot 2923 rave	
Grave space & Care Fund		Θ
Grave space & Care Fund	1 412 x 2 1	600
Opening/Closing & Setup	in it	418
Burial Container OCT 1 4	WANTE	362
landling FeesUCI 1 4	2009	
lower vases - Marker setting fee HOPE MOUNT HOPE	CEMETERY ← A	100
Sales taxes		33.4
	Total Due	1128.4
Pale	d receipt number _ 58 38	138.A
. 9 0	Balance due	-
hereby certify I am the K and this is your authority to make disposition that I have the right to make this authorization	on phremains as above indicated. I certify on and I agree to hold Mt. Hope Cemetery	amed decedent and represent harmless from
iny liability on account of said authorization	and interment.	
hereby authorize the interment in lot I	Pro Name	Spride
old under deed.	12368 Black	cton Di
gnwur#_	Y San Diego	9210.
Han	Tungson (619) 264.	E890-
10777	Invoice #	
York Order # E .18773	Acct. #	
**************************************		And the contract that of the con-

Prid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

5374		
(11)	ام	
	liul	

You are hereby authorized and instruction	cted, subject to your rul	les and regulations, to	Inter the remains
in a 2 TS Vou	Uneral, date,	time_	
Church, Chapel, Graveside		(Mortuary.
All Funeral cars must arrive before 3:0	00 p.m. of regular work	day or an extra charg	ge of \$
will be applied and billed to undersign	ed. 121_T		
Division \ Section	Blk/Row	LOT 26124 G	irave
Grave space & CarpinaOvertime/Late Arrive Fees			-0-
Opening/Closing & Setup	413	XZ	_088_
Burial Container OCT 1 4 2004	ans.	5 X A	<u> 550 </u>
Handling Fees MOUNT HOPE CEM Flower vases - Marker setting fee	ETERY 20L	1×2	408
Recording/Piling/Transfer Fees	E	022	100
Sales taxes	21.3	8 x 8	W2.60
	Paid receipt number	Armster restance	436 la
v S.	. 1 0	Balance o	due
I hereby certify I am the and this is your authority to make distinat I have the right to make this authority on account of said authority.	orization and I agree to	above indicated. I ce	re named decedent ordify and represent stery harmless from
I hereby authorize the interment in lot hold under deed.	Print Name	368 Bloc	Kton Dr.
Han	City	19) 264	92105 -0983
Work Order # E .18774	Invoice :	•	
etroposessors region (Person	and the second second second second	and the state of t	AND STREET PROPERTY.

MT. HOPE CEMETERY INTERMENT ORDER

IN LOUN	City of San Diego	1	101
la tola.		Date [O]	5/04
90		02822	a
You are hereby authorized and instruct	ed, subject to your rule	es and regulations, to int	er the remains
or Eleano	re sr	VIII 8	
in Ash Vault	Funeral, date, t	ma Fria Nov.	12 10:00
TuperofituialContiner	runeras, care, r	2111	n management
Church, Chapel, Graveside		- LEWIN	Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work	day or an extra charge o	7 \$
will be applied and billed to undersigne	d		
Division IO Section		16.22	
Division 10 Section	Blk/Row	Lot 4 Grav	00
Grave space & Care Fund		······	3300
Overtime/Late Arrival Fees		***************************************	
Opening/Closing & Setup	DAID		11600
Burial Container	PAID		(01-00)
Handling Fees		Lever 10 - 17 Marie 1 and 10 marie 1 and 1	(m.a)
Handling Fees.	OC1 1 5 2004	***************************************	-44
Flower vases - Marker setting fee			5N.M
recording/Filing/Transfer Fees. MOU	INT HOPE CE	WETERY	1172
Sales taxes	•••••••	·····	(37 72
		Total Due	(00-1.12)
	Paid receipt number	58141	671.13
		Balance due	\rightarrow
I hereby certify I am the X	n	of the above n	amed decedent
and this is your authority to make disp that I have the right to make this author	osition of remains as rization and I agree to	above Indicated. I certificated Mt. Hope Cemeter	y and represent
any liability on account of said authoriza	ation and Interment.	0 00 0	0
I hereby authorize the interment in lot !	6/	Jany hell	
hold under deed.	Prim Name	202 - 12 -	Utu Blud
2731	Address	28/ Comes A	
Signature	۵),	andrego CA	92119 Zip Code
tan	Felighone	9-463-5629	And the second section of the
	,	800-523-8	300 - est
Work Order # E .18775	Invoice #		
Work Order # E 10//3	Acct. #		

MT HOPE CEMETERY E-18115

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "Y" Place the name's let # and grave # of all

	marker's al space.	in the appr	opriate spa	ace(s) th	nat are adja	acent to
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		Turner			1	
	Blanchie	Hillington	×			
	Brewer	The same of the sa	Jones			
240						
Blind C	heck Initia	ted By: 1	aulet	te	Date:	11/9/04
		or: E				
nterme	ent Date: _	Friday 2	- 04 T	ime;	10:00	G.S
Div:_1	O Sect	: ВІ	k/Row:	Lot	: 1977	Sr: 1
Grave I	_aid out by	Morm	on fe	rque	~	
Agrees	with Lega	Card:	Yes [J No	× ×	
A COLUMN TORS		☐ Yes		lo	Flage	<u> </u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

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

1A. NAME OF DECEDENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	HITEODIS ON OT	2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Eleanore	Eve	Shull		M8872871919	
5A. CITY OF DEATH		SB. COUNTY OF DEATH ENTER STATE Sa	n Diego		MAILING ADDRESS AND ZIP COOL
El Cajon Mortuary 684 S Mollison Ave,		— IF AJ	PPLICABLE	6287 Cowles Mt	n Blvd
ACKNOWLEDGEMENT OF APPLICANT of the Health	movietige as applicant that the proposed disposition in and Safety Code, and was authorized pursuent to	n staned herein is one of the dispositors as Section 7100 of the Health and Safaty Cod		Hackey TSax	10/19/200
PERMIT THIS PERMIT IS ISSUED THE CALIFORNIA HEALT! ITY FOR THE DISPOSITION OF	IN ACCORDANCE WITH PROVISIONS OF HAND SAFETY CODE AND IS THE AUTHO ON SPECIFIED IN THIS PERMIT, NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORN	9A AMOUNT OF FEE PAID 8-13 00		PACKET CALIFORNIA (CALIFORNIA CALIFORNIA CAL	AL REGISTRAR ISSUING PERMIT
MY CHÂNGE IN DISPOSI- TION REQUIRES A NEW PERMIT PO SHOW RINAL P O BOX	EGISTRAR OF DISTRICT OF DEAT RED IN CALIFORNIA 85222 30, CA 92186-5222		ESS OF REGISTRAR OF	F DISTRICT OF DISPOSITION — N ANOTHER DISTRICT IN CALIFORNIA	9)
10. AUTHORIZED DISPOSITION(S) CHECK APPLICATION A. BURIAL (INCLUDES ENTOMBMENT) B. CREMATION C. DISPOSITION OF CREMATED REMAINS THAN IN A CEMETERY D. SCIENTIFIC USE		E. TEMPORARY ENVAULTM F. DISINTERIMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O	Č	No. 1 of the Sales	OROMOR'S USE ONLY ENDING — REMAINS LOCATED AT (a)
BURIAL MOUNT HOE	odress of california cemetere PE CEMETERY KET STREET/SAN DI		116. DATE BURIED	11C. SIGNATURE OF PER	SON IN CHARGE OF BURIAL
CREMATION CREMATION	DDRESS OF CALIFORNIA CREMA V SERVICES INC. TUNE WAY, VISTA, (12B. DATE CREMAT	ED 120. SIGNATURE OF PER	SON THE CHARGE OF CREMATION
SCIENTIFIC USE n/a	ODRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C. SIGNATURE OF PER	ISON IN CHARGE OF FACILITY
	DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	D 14C, ADDRESS AND SIGN OF PLACING WITH T	NATURE OF PERSON IN CHARGE. THE CARRIER
SCATTERING/BURIAL SUFFICIENT TO	AREST POINT ON SHORELINE, OF O IDENTIFY FINAL PLACE AND CA SEA, <u>ONLY</u> ENTER LATITUDE AND	DISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	15C, SIGNATURE OF PER CHARGE OF DISPOS	

COPY 1

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

VS9 (REV. 3/03

Atrol

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

40 81/61 elec

You are hereby authorized and instr	ructed, subject to your rules a	nd regulations, to inter the remains
or Vernell	a Sennir	DB 2000
ina liner	Funeral, date, time	Am 10/20 11:00
Church Chapel, Graveside		Coosdale 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 undersi	gned	
Division 17 Section 2	3 Blk/Row I	ot 245 Grave 7
Grave space & Care Fund		985
Overtime/Late Arrival Fees		
Opening/Closing & Setup	DAID	413_
Burial Container	IAIB	209
Handling Fees	OCT 1 8 2004	1607
Flower vases - Marker setting fee	ANY ANY DESCRIPTION OF THE PROPERTY OF THE PRO	
Recording/Filing/Transfer FeeMOI	INT HOPE CEMET	ERY 50 7
Sales taxes		1620
	To	al Due (833.20
	Paid receipt number	HIC 1833.9
2	-16.17	Balance due
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said authority.	thorization and I agree to hold	of the above named decedent re indicated. I certify and represent Mt. Hope Cemetery harmless from
I hereby authorize the interment in Inhold under deed.	ot I Print Name	nd Willist
Sprainte Para	Address 5/	SKIINE DD 04 92114 20000
F 18776	Invoice #	The Party of the P
Work Order # E .10//0	Acct. #	

MT HOPE CEMETERY E 19776

GRAVE BLIND CHECK FORM

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

	rial space.	-		1	*	
1.				Standard		
			х	crumble		
	Semi mys				Taylor	
nterm nterm	Check Initiated nent space for: nent Date	Ver	met	ta Jo	11:00	gs)
TOWNS OF THE PARTY	Sect:				140 G	:_/_
	Laid out by:	borna	nter	ausen		
Grave	Laid out by:			117	1,4	n
Grave	Laid out by:			117	lag	We W

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

-			USE BLACK INK ONLT - N	24		ITEOUTS ON O	INCH AL		T = =====		LAREY
	. NAME OF DECEDE	NT—FIRST (GIVEN)	18. MIDDLE	1C LAST (FAN				2. DATE OF BIRTH 03/09/1945	3. DATE O		4. SEX
	CITY OF DEATH		•	Jennin 5B. COUNTY C		— OUTSIDE CALIF	T6. NAME	RELATIONSHIP. FULL		A STATE OF THE STA	ZIP CODE
	San Dieg				Diego		Ver	TORMANT		ner	
		gedale Mor	tuary, 5050 Fede		— IF APP	DICENSE NUMBER PLICABLE -1329	San	l Skyline D Diego, CA ATURE OF APPLICANT-	92114	18 88 DATE	SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT of the Health	nowledge as applicant that the proposed disposition and Salety Code, and was authorized pursuant to	on stated herein is one of the di o Section 7100 of the Health at	ispositions authord Salety Code.	ortzed by Section 103055	BL	air Cand)de	10/2	/2004
	LI TI LONGIA DE	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHO N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	DA	FEE PAID	98 DATE PERMIT 10/21/20 B. Camp	004	9C. SIGNATURE OF LCC. 2417868 ▶	AL REGISTRAF	RISSUING PE	AMIT .
6	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	Vital Reco	EGISTRAR OF DISTRICT OF DEA RED IN CALIFORNIA PTGS P.O. BOX 85 CA 92186-5222					T OF DISPOSITION — R DISTRICT IN CALIFORNIA			
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLIC	ABLE ITEMS					FOR C	ORONOR'S U	JSE ONLY	
İ	B. CREMATION B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCRENTIFIC USE	CREMATED REMAINS (OTHER	G. SHIP IN TO C	IT ALIFORNIA DUTSIDE OF		D : 11	L DISPOSITION P (Name and Address C. SIGNATURE OF PER	66)		5578177
	BURIAL		Cemetery, 3751 M o, CA 92102	larket Stre	et	10-22-0	4 5	12/11	-		_
BLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREM	ATORY:		12B. DATE CREM	ATED 12	SIGNATURE OF PE	SON IN CHA	ARGE OF CR	EMA
ALL APPLICABLE ITEMS	SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORNIA FACILI	TY RECEIVING REM	IAINS	138. DATE RECEI	VED 13	C. SIGNATURE OF PER	RSON IN CHA	ARGE OF FA	CILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO B		E	14B. DATE SHIPP	ED 14	C. ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
_	SCATTERING/BURBAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, O O IDENTIFY FINAL PLACE AND C BEA, <u>ONLY</u> ENTER LATITUDE AND	A DISTRICT OF DISE		15B. DATE OF DISPOSITION		C. SIGNATURE OF PEI CHARGE OF DISPO	SITION	150. LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10[18/04

	, subject to your rules and regulations, 10 inter the remains
a Henderso	on campbell
ina DO 13E	Funeral, date, time Thurs 1921 109
Church, Chapel Graveside	: CA Curical Monuary
All Funeral cars must arrive before 3:00 p	.m. of regular work day or an extra charge of \$ (100)
will be applied and billed to undersigned.	102
Division 8 Section 5 Grave space & Care Fund	BIK/Row Lot 600 Grave 1
Grave space a Care Fund	
Overtime/Late Arrival Fees	E 16601 -
	<u> </u>
	8
CONTRACTOR CONTRACTOR	
Sales taxes	Total Due
P	ald receipt number
	Balance due
	SERVICE OF THE PROPERTY OF THE
I hereby certify I am the X and this is your authority to make disposithat I have the right to make this authorizate any liability on account of said authorization.	
I hereby authorize the interment in lot I hold under deed.	AGINES DESCRIBED
Fan	Cey Zip Code
Work Order # E . 18777	Invoice #
REA-104 (3-04) This int	ormation is available in alternative formats upon request.

NO.135 PE

18/18/2004 11:31

SD MT. HOPE COMENTERY & CALIF BURIAL

At

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

- Lol18/04

DO 182	Funeral dans sens Thurs 10 21 1:00
The second second	PURIOR CA CA CA HONOR
inech Chapel Graveston	7 100 n
ili Funeral curs muct arrive balloriii 3:00 p./	m. of reguler work day or an entire change of 3
ill be applied one billed to undersigned.	
Majon 8 _ Section 5	BRATON LOT VOGO Grano
Brave spage & Care Fund	E THE
Landing Cath Ant Care	
poning/Closing & Sahan	E 19901
lurjei Container	
Contraction of the contraction o	<u></u>
Tower seess - Marker sealing tee	
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Child by

MT HOPE CEMETERY E- 18777

GRAVE BLIND CHECK FORM

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

	Trace			
	x x	Datt		
1	Lund	lund		
Interment Date:	for: Henders Thurs 15/21 t: 5 BIK/ROW:	Time: Lot: .	1.00 1.00	ell'
Agrees with Lega	al Card: 28 Yes	O No	log of	~

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - I	MAKE NO EHASUHES,	WHITEOUTS OH O	THEH ALTERATION	45		
	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	8	2, DATE O		TE OF DEATH	4. SEX
2513	HENDERSON		В.	CAMPBELI	580			/16/2004	
	CITY OF DEATH			5B. COUNTY OF DE.	ATH — OUTSIDE CALIF.,	OF INFORMANT	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	0.000	ZIP CODE
	SAN DIEGO			SAN DIEGO		DAISY L.	Campbell-W	IFE	
3	CALIFORNIA	BURIAL CHA	A-FUNERAL DIRECTOR OF PERS	TD AVE.	APPLICABLE		TH STREET CA 92113		- XX
-	NATIONAL G	THE REAL PROPERTY OF	RNIA 91950	13.00	⊢1689	BA. SIGNATURE OF	PENCANT W		
	ACKNOWLEDGEMENT OF A	PPUCANT I hereby actor of the Health	rowledge as applicant that the proposed dispositional selection of pursuant to the proposed disposition of the pro	on stated herein is one of the disposition to Section 7100 of the Health and Salety	s authorized by Section 103055 Code.	-Caude	TO FILL	U 10/1	9/2004
	ALTERNATION OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITIO	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHO IN SPECIFIED IN THIS PERMIT. I RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	\$13.00	10/19/24	MA4	URE OF LOCAL REGIS	TRAR ISSUING PE	RMIT
N		VITAL RECO	GISTRAR OF DISTRICT OF DEA ED IN CALIFORNIA EDS-P.O. BOX 852 CA 92186-5222	100 110 100	DORESS OF REGISTRAR O DISPOSITION IS TO OCCUR				
CILLI	A. BUFILAL (INCLUDE: B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	S ENTOMBMENT) CREMATED REMAINS		E. TEMPORARY ENVAU	PNIA		SPOSITION PENDING - une and Address)	— REMAINS LOCAT	TED AT
	BURIAL	MT. HOPE	ORESS OF CALIFORNIA CEME CEMETERY 3751 MA CALIFORNIA 921	RKET ST.	IN/21/04	11C. SIGNATU	IRE OF PERSON IN	CHARGE OF BU	IRIAL
LE ITEMS	CREMATION	12A. NAME AND AI	DDRESS OF CALIFORNIA CREM	ATORY	128 DATE CREMA	ATED 10C SIGNATU	IRE OF PERSON IN	CHARGE OF CF	REMATION
IL APPLICAB	SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA FACILI	ITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATU	JRE OF PERSON IN	CHARGE OF FA	CILITY
COMPLETE A	THANSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO I		148, DATE SHIPPI		S AND SIGNATURE ING WITH THE CAP	A STATE OF THE PARTY OF THE PAR	CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, O IDENTIFY FINAL PLACE AND C BEA, <u>ONLY</u> ENTER LATITUDE AN	A DISTRICT OF DISPOSITI	158. DATE OF ON. DISPOSITION	200000000000000000000000000000000000000	JRE OF PERSON IN OF DISPOSITION	15D. LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City	of San Diego Date 10/19/04
	Date
You are hereby authorized and instructed, sut	ject to your rules and regulations, to inter the remains
of William	Kiter 0
ina ASh Vault	Funeral, date, time En 1922 3:00
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 7 Section 16 Bil	k/Row Lot 84 Grave 12
Grave space & Care Fund	13880 -
Overtime/Late Arrival Fees	701
Opening/Closing & Setup	DAID 189
Burlal Container	AID 8
Handling Fees	T 1 9 2004 88 -
Flower vases - Marker setting fee	1 1 - 2007
Recording/Filling/Transfer Fees MOUNT 1	OPE CEMETERY QC
Sales taxes	TOTE CLIMETERY
Paid	Total Due 395.28 receipt number 58146 395.28
W	Balance due
I hereby certify I am the X SISHER	of the above named decedent
and this is your authority to make disposition	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
(NR)	PATRICIA A- GASS
I hereby authorize the interment in lot I hold under deed.	5 848 Venus Ave.
No.	x Fort Collins CO 80525
Signature	City: Zip Code
Lam	1970-229-0894 Telephohe
10770	Invoice #
Work Order # E 18778	Acct. #
CONTRACTOR AND ADMINISTRATION OF THE PROPERTY	

REA-104 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY 2-18778

GRAVE BLIND CHECK FORM

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

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887	SA.	(AWY MAN		
Su	Hon	х	1065	
•		Ruiz		

						Maria Caraca
	Sut	ton	х	loss		
•			Ruiz			
Interment Interment	space for	- W	Pan illian Olyza Blk/Row:	rime:_	Fer 2:00	0
Grave La	id out by:	for	nan f	enqua		M,
Agrees w	ith Map:	A Yes		No (of Delte;	us alexa

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LISE BLACK INK ONLY ... MAKE NO ERASLIRES, WHITEOLITS OR OTHER ALTERATIONS

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMIL	n		DATE OF BIRTH	3. DATE OF DEATH	4 SEX
	WILLIAM	09E3 0000 HV KIRANGO (2001	RICHARD	KIFER	(B)	8	697t9/1951	08/26/200	M
		ORTUARY, 50	IA-FUNERAL DIRECTOR OR PEI D27 EL CAJON BL	ENTER STATE CO RSON ACTING AS SUCH 71		PATRI 5848 FT. C	PEMANT CIA CASS-S VENUS AVE.	ISTER	
	ACKNOWLEDGEMENT OF A		rowledge as applicant that the proposed dispo and Salety Code, and was authorized pursua			> (c	T-	- 09	/15/2004
	, FLORIT	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS AND SAFETY CODE AND IS THE AU IN SPECIFIED IN THIS PERMIT. D RIGHT OF DISPOSAL OUTSIDE OF CALF	THOR-	98. DATE PERM 09/15/2 K JONI	2004	2415889	AL REGISTRAR ISSUING	PERMIT
		The second secon	EGISTRAR OF DISTRICT OF D RED IN CALIFORNIA	EATH — 9	FO BOX 8522 SAN DIEGO (UR IN ANOTHER D	DISTRICT IN CALIFORNIA	(I)	1852-
	B. CREMATION G. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	CREMATED REMAINS OF TERY 11A. NAME AND ALL HT. HOPE	OTHER ODRESS OF CALIFORNIA CEN CRAETERY, 3751 O CA 92102	METERY	IFORNIA TSIDE OF CALIFORNIA 11B. DATE BURI		(Name and Address	ENDING — REMAINS LO	
LE ITEMS	CREMATION		DDRESS OF CALIFORNIA CRE	EMATORY	12B. DATE CREI	Control of the Contro	SIGNATURE OF PER	RSON IN CHARGE OF	CREMATION
ALL APPLICABL	SCIENTIFIC USE	13A. NAME AND AD	ODRESS OF CALIFORNIA FAC	ILITY RECEIVING REMA	NS 13B. DATE RECI	EIVED 13C.	SIGNATURE OF PER	RSON IN CHARGE OF	FACILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIP	ALTERNATION AND ADDRESS.	ADDRESS AND SIGN OF PLACING WITH 1	NATURE OF PERSON THE CARRIER	IN CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE DIDENTIFY FINAL PLACE AND SEA, <u>ONLY</u> ENTER LATITUDE A	CA DISTRICT OF DISPO		00200 000	SIGNATURE OF PER CHARGE OF DISPO	SITION GREMATE	NSE NUMBER OF TO REMAINS DIS- - IF APPLICABLE

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

thed

MT. HOPE CEMETERY

INTERMENT ORDER

YUU	City of San Diego Date 10 19 04
You are hereby authorized and instruct	red, subject to your rules and regulations, to inter the remains
in a Type of Burlet Container Church, Chapel, Graveside	Funeral, date, time Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	
Division 12 Section 1	Lot 8a Grave9
Grave space & Care Fund	485
Overtime/Late Arrival Fees	PAID
Opening/Closing & Setup	-81D 013-
	OCT 1 9 2004 2009 -
Handling Fees	
Flower vases - Marker setti MOUN	
Recording Filling/Transfer Fees	THOPE CENTER IS TO THE
Sales taxes	16.30
	Total Due
Extract to Service to 1940	Balance due
I hereby certify I am the A and this is your authority to make this authority to make this authority to make this authority in the same account of said authorize I hereby authorize the interment in lot I hold under deed.	0
Signature	City Zio Code
tan_	Tellphone
Work Order # E . 18779	Invoice #
REA-104 (3-04) This	information is available in alternative formats upon request.

Pred

MT. HOPE CEMETERY

City of San Diego

Date 10 15 04

- FIMAL I		, time	to inter the remains	
nurch. Chapel, Graveside		- Company	Mortua	
nurch. Chapel, Graveside Funeral cars must arrive perore 3:0 III be applied and billed to undersign	ed.	3		to M
12 sauton 1	BIN/Row	_ Lot <u>&A</u>	Grave 9	= [
Stave aplice & Care Fund				- W #
				E 1
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Handling Fees	Consequence, year or constitution of CST \$1.		77 7 7 7	=
- Jac Cons	AND THE PERSON NAMED IN CO. O. O. O.		110-1	200
Sales taxes	AND THE PERSON NAMED IN CO. O. O. O.		110-1	20
- Jay Cons	AND THE PERSON NAMED IN CO. O. O. O.	Total Due	8 1991 8 1991	2000
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Sales taxes	Paig receipt no disposition of rema authorization and La harization and inter	Total Due Total Due B: B: Ins as above indica gree to hold Mt. Hop	he above named decled, I certify and cap	adept Trom
Sales taxes I hereby certify I am the and this is your authority to make that I have the right to make this equy flability on account of said authority to make this incomment to the property outhorizes the interment to the said authorizes the sai	Paig receipt no disposition of rema authorization and La harization and inter	Total Due Total Due B: B: Ins as above indica gree to hold Mt. Hop	he above named decled, I certify and cap	adept of the form
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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10 19/04

ou are hereby authorized and instruc	ted, subject to your rule	es and regulations,	to inter the remains
a Liner to	_ Funeral, date, t	ime TIMES II	2 1000
Type of Buriel Comaner Church, Chapel, Graveside	DD.	Cheenwa	d nMartuary.
All Funeral cars must arrive before 3:0	00 n.m. of regular work	- 1,	2340
vill be applied and billed to undersign	2600	p-7880	36 •
Division 12 Section 1	Blk/Row	Lot 146	Grave
Grave space & Care Fund			
Overtime/Late Arrival F)		nau
Opening/Closing & Setul	met.		
Burial Container9	ERY		418-
Overtime/Late Arrival E Opening/Closing & Setul Burial Container Jandling Fees Blower vases – Marker setting fee Recording/Filing/Transcenders	CEMEIA	352	1452-
lower vases - Marker setting (440))E	***************************************	000
Recording/Filing/Transe Nees	***************************************	***************************************	
ales taxes			32.40
		Total Due	1902.40
	Paid receipt number	58151	1902 40
220	01s	Balance	due —
	ndson	of the abo	ve named decedent
nd this is your authority to make dis nat I have the right to make this author ny liability on account of said authori	orization and I agree to	above indicated. I o hold Mt. Hope Cerr	certify and represent letery harmless from
hereby authorize the interment in lot	10	Avid J. C	Gos LEE
old under deed.	Print Name 1 Z 6	21 SWEET	WATER Rd. #
constant			4 91950
D.	City (6/ 1	9) 479 -04	19 Zip Code
Tun			
= 18780	Invoice #	t	



THE CITY OF SAN DIEGO

E-18780

LETTER OF APPROVAL FOR DISINTERMENT OF Lelia Link

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Lelia Link and have the right to make this authorization, and that they are related to the decedent as indicated below. THE UNDERSIGNED FURTHER AGREE TO DEFEND, INDEMNIFY, PROTECT AND HOLD THE CITY OF SAN DIEGO AND ITS AGENTS, OFFICERS, AND EMPLOYEES HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS ASSERTED OR LIABILITY ESTABLISHED FOR DAMAGES OR INJURIES TO ANY PERSON OR PROPERTY, which arise from or are connected with and are caused or claimed to be caused by the disinterment of (insert name) and all expenses of investigating and defending against same; provided, however, that the undersigned's duty to indemnify and hold harmless shall not include any claims or liability arising from the established sole negligence or willful misconduct of the City of San Diego, its agents, officers, or employees.

The burial site for Lelia Link is identified as:

Lot 140 Grave 11 Section 1 Division 12

We acknowledge that we have been advised that the remains of Lelia Link may not be present and/or intact.

SIGNATURE(S)

WITNESSED BY

21 October 2004

SUBSCRIBED AND END OF THE BASED

THIS 21 DAY OF DAY 100

BY BETTYE M. GOSLEF

MARY ANN PANKONIN
Commission # 1278695
Notary Public - California
Riverside County
My Comm. Expires Oct 26, 200

Mt. Hope Cemetery

Community Parks 1 • Park and Recreation • 3751 Market Street • San Diego, CA 92 102-4527

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



MT HOPE CEMETERY 6- 18780

GRAVE BLIND CHECK FORM

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

		Tino	tree			
	Allone	Khone	х	GKNIN		
		Noher	Campbell	you?		
Intermer Intermer	neck Initiate nt space for nt Date:	: Li	11/2-		1:00	
	Sect:_ aid out by:	8	^			
	with Legal (with Map: 2			(1000	ove
	neck & Ver		4 -	1	Date:	ul.la

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED		City of San Diego	Date 10 /4/	of
You are hereby author of	Juande 1 LLt Lundi Container		and regulations, to in BIEVINS to Thurs-DO Roosdale	
All Funeral cars mus will be applied and b		o,m. of regular work da	ay or an extra charge	of \$
Division //	Section 2	Bllt/Row	Lot 135 Grav	- 3
Grave space & Care	Fund	- 18085		3850
Overtime/Late Arriva	Fees	***************************************		
Opening/Closing & S	etup			41300
Burlal Container				275.00
Handling Fees		X T 11		204,00
Flower vases - Mark	Contract Con	MU		-
Recording/Filing/Tran	STATE OF THE PARTY		/	50.00
				2/3/
Sales taxes	nt do lay	aid revelpt number _	Total Due 963,	19483
6510			Balance due	
I hereby certify I am i and this is your auth that I have the right to any liability on account I hereby authorize the hold under deed.	ority to make dispose or make this authorization of said authoriza	1100 100	ove Indicated. I certif	y harmless from
Paulet te	to DD	Telephone -	to pre 1	Ziρ Code
Work Order # E	18781	Invoice # _		
Work Order #		Acct. #		

& Printed on recycled paper

REA-104 (3-04)

This information is available in alternative formats upon request.

Quit claim Transfea Gift to:

MT. HOPÉ CEMETERY INTERMENT ORDER

City of San Diego

Date 10/21/04

in der Juanda Y	8 enthorsel, date, time	
Type of Bunal Container Church Chapel, Graveside	NCV/nvodeber date time	Mortuary.
ALEXA 2018 A 2018 CAN SERVICE CONTROL	00 p.m. of regular work day or an extra charge	
will be applied and billed to undersign		
Division 11 Section 2	Blk/Row Lot 135 Gran	-2
Citave space a Care i dia		/
		1
	······································	1
		1
Recording/Filing/Transfer Fees	······································	-
Sales taxes		F
	Total Due	
	Paid receipt number	
I hereby certify I am the	Paid receipt numberBalance due of the above	named decedent
and this is your authority to make dis	Paid receipt number Balance due of the above sposition of remains as above indicated, I certivated in the sport of the s	named decedent
and this is your authority to make dis that I have the right to make this author	Paid receipt number Balance due of the above sposition of remains as above Indicated, I certionization and I agree to hold Mt. Hope Cemetel zation and interment.	named decedent
and this is your authority to make dis that I have the right to make this authori any liability on account of said authori I hereby authorize the interment in lot	Paid receipt number Balance due of the above sposition of remains as above indicated. I certivorization and I agree to hold Mt. Hope Cemetel zation and interment. See Cuttout. Print Name 700 SCIM	named decedent

	LOT OWNER	E-18085 (619) 264-9134
STEVENS GEORGE	700 SELMA PL., S.D. CA	92114
LOT 135 GR. 2	ROWSEC	11
10/09/03 Quit Cla Transfer fee paid	im transfer lot from by check R-56779. NSB	Girlene Garcia. Tee pd R-56966
10-21-04	To Tumba	Rongol
Blevins	7	- Jacob
10/21/04	Leave Ster	ento
PR-961 (REV, 1-83)	TAYLOR SYSTEM OF C	EMETERY RECORDING

ma ma

Enk MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/25/04

You are hereby authorized and instructe	728391	and regulations to b	ntos the remains
or Margaret	Jones Jones		
ina_ liner	Funeral, date, time		
Type of Burlet 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	4.		
Division 12 Section 1	Blk/Row	Lot 48 Gra	~
Grave space & Care Fund			485
Overtime/Late Arrival Fees	PAIL)	···
Opening/Closing & Setup			413-
Burial Container	OCT 2 5 20	04	289-
Handling Fees	·///	····	160-
Flower vases - Marker setting fee M	OUNT HOPE CE	METERY	163.85
Recording/Filing/Transfer Fees			50-
Sales taxes			16.30
	Ti Paid receipt number	5 6 162	1997.0
		Balance du	
I hereby certify I am the X		of the above	named decedent
and this is your authority to make dispo that I have the right to make this authorizan any liability on account of said authorizan	ation and I agree to ho	ove indicated. I cert d Mt. Hope Cemete	ify and represent bry harmless from
heraby authorize the interment in lot I	X		
hold under deed.	X Address		17-7 m
Signatura	- Y '		
13	City X Telephone		Zip Code
1000	Invoice #		
Work Order # E 18783	Acct. #		
		- allana attica farma	

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED IS	City of San Diago
AT NEED CLUBE CORP	Date 10 25 64
in the dust	Date V-
	ed, subject to your rules and regulations, to inter the remains
of ADREA COR	
in a ASH YAULT	Funeral, date, time OCT, 30 Sut 1:0
Church, Chapel, Graveside	FAMILY Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	d
The state of the s	2112
Division MAS Section A	Blk/Row Lot 3/2 Grave 2
Grave space & Care Fund	B-1745
Overtime/Late Arrival Fees	
Opening/Closing & Setup	E-17048)
Burial Container	PAID
Handling Fees)
Flower vases - Marker setting fee	OCT 2-5-2004
Recording/Filling/Transfer Fees	
Sales taxes	HOPE CEMETERY
10.72	Total Due
	Paid receipt number Use and 30/or
	Balance due
I hereby certify I am the	of the above named decedent osition of remains as above indicated. I certify and represent
that I have the right to make this autho any liability on account of said authoriz	rization and I agree to hold Mt. Hope Cemetery harmless from
any nabinty on account of Said admone	2 1 2 4 (2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I hereby authorize the interment in lot I hold under deed.	Print Name
NEW ATT TO SERVICE ATT CO-CAT	Address CHANGE
Signature	Address City Telaphone Telaphone
No	Telephone June
ي عليان	HOSTILLED STATE OF THE STATE OF
= 18784	Invoice #
Work Order #	Acct. #

Least and as A to and Territy late to some Territy of the best south of the sharks I have a few of the best of the sharks I have a few of the sharks I have MT. HOPE CEMETERY INTERMENT ORDER authorized and instructed, subject to your rules and regulations, to inter the remains ADREA CORP DX Funeral, date, time Church, Chapel, Greveside 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. Grave space & Care Fund Overtime/Late Arrival Fees E-17048 Opening/Closing & Setup..... Burial Container....../1 Flower vases - Marker setting fee Recording/Filing/Transfer Fees... 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, prement in lot i Invoice # 18784 Work Order # Acct. # This information is available in alternative formats upon request. REA-104 (3-04)

E Printed on recycled paper

MT HOPE CEMETERY <- 18784

20/2	GF	RAVE BL	IND CH	ECK FO	RM	
block mar existing n	ked with narker's ir	of the dece "X". Place the appro	the name	e's, lot # a ace(s) tha	and grave at are adja	# of all
2			X			
		Torresca	momiller			
				,		- 40
Interment	space fo	ed By: <u>Pa</u> r: <u>A</u> c	drea	N. C	ORPRO	
Interment Div: <u>MA</u>	Date: Sect:	A BIH	<u>は50</u> で VRow: _	ime:(Lot:	100 pr.	·
Grave La	id out by:	Domale	a few	hom		
Agrees w	rith Legal	Card: 🗗	res C	J No	6	106
		9 Yes			7.	
Blind Che	eck & Ve	rified By:	Kennet	Calle	na Date:	10/26/0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN RE

USE BLACK INK ONLY -- MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A, NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 3. DATE OF DEATH 2. DATE OF BIRTH 4. SEX Corp 1177371965 0975072064 F
58. COUNTY OF DEATH — OUTSIDE CALIF, 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE Adrea N. SA. CITY OF DEATH of INFORMANT Sarah Allison, DPOA HC San Diego scondido PED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: 78. CALIF. LICENSE NUMBER 30660 Anthony Rd. - IF APPLICABLE California Funeral Alternatives Valley Center, CA 92082 RE DATE SIGNED 1020 E. Pennsylvania Av., Escondido, CA 92025 09/22/2004 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 09/22/2004 2416329 AUTRORIZATION OF \$ 13.00 J. Seatgean

E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION —
IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA LOCAL REGISTRAR 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH NY CHANGE IN DISPOSI-TION REDURES A NEW PERINT TO SHOW FINA, DISPOSITION P.O. BOX 85222 San Diego, CA 92136-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY A. BURSAL (INCLUDES ENTOMEMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING — REMAINS LOCATED AT X 8. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A, NAME AND ADDRESS OF CALIFORNIA CEMETER LIC SIGNATURE OF PERSON IN CHARGE OF BURIAL BURKAL ' 3751 Market Street Mt. Hope Cemetery. San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON MARGE OF CREMATION Cremation Services, Inc. CREMATION 2570 Fortune Way, Vista, CA 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14R DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 115B. DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER OF

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 THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

DISPOSITION

CHARGE OF DISPOSITION

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

COPY 1

AT SEA OR DISPOSITION OTHER

THAN IN A CEMETERY

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

YS9 (REV. 3/03)

CREMATED REMAINS DIS-

POSER - IF APPLICABLE

Atal

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

1	Date 10 acros
You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
of Arthur	Bauer Illa
1 1 2	Funeral, date, time Mon the 200
Church Chapel,	: Humphrey Mortuary
All Funeral cars must arrive before 3:00 p.m.	
will be applied and billed to undersigned.	or regular from day or all exce charge or a
will be applied and billed to undersigned.	
Division 6 Section 5 B	
Grave space & Care Fund	06515 -
Overtime/Late Arrival Fees	
Overtime/Late Arrival Fees Opening/Closing & Setup	<u> </u>
Burlal Container	
Handling Fees	<u> </u>
Flower vases - Marker setting fee	
Necording/Piling/Transfer Fees	<u> </u>
Sales taxes	
	Total Due
Paid	receipt number
	Balance due
I hereby certify I am the X 50 N	of the above named decedent
that I have the right to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	and interment.
I hereby authorize the interment in lot I	XDANIEL BAUFR
hold under deed.	r 1754 VIA COSTINA
Strenge	XSAN YSIDED WITZ
\overline{C}	City 619-517-0565 20 Code
tan	Tetephone
4000	Invoice #
Work Order # E 18785	Acct. #
DEA 104 (2.04)	nation le available in ellemetive formate unon roqueet

	G	RAVE BLIN	ND CH	IECK FO	RM	
olock ma existing	arked with	of the decea "X". Place to the approp	he nan	ne's, lot#	and grave	# of all
			х			
	MIT	Ruemard				
- 34				Pawa	-	
llind Ch	neck Initia	ted By:	Pas	<u>~</u>	_ Date:	10/2
nterme	nt space fo	or:Ar	thu	rP	auer	
nterme	nt Date: 🗠	Wer !	19	ime:	13:00)
Div:	e_ Sect:	5_ BIK/	Row: _	Lot:	12	3r. 13
Grave L	aid out by	Norman	fer	ma		
		Card: BY		O No L	-	

€- 18785

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY — MAI	KE NO ERASURES, WI	HITEOUTS OR O	THER AL	TERATIONS		
A	ARTHUR	NT—FIRST (GIVEN)	1B. MIDDLE HENRY	1C. LAST (FAMILY) BAURR			2. DATE OF BIRTH	3. DATE OF DEAT	
	HUMPHREY C	HULA VISTA		ACTING AS SUCH 78. CALIF.	DIEGO	DANI 1754	PELATIONSHIP FULL FORMANT (SC EL BAUER (SC VIA COSTINA YSIDRO, CA 9	OM)	S AND ZIP CODE
	753 BROADW	AY, CHULA	VISTA, CA 91910	FI	964		ATURE OF APPLICANT	Person laking person 88. I	AND RESIDENCE AND ADDRESS OF THE PARTY OF TH
į	ACKNOWLEDGEMENT OF A		wledge as applicant that the proposed disposition siz not Salety Code, and was authorized pursuant to Sec			-			0/29/200
	Tenani	THE CALIFORNIA HEALTH / TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF NO SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	10/29/2 SANDRA PE	004	9C. SIGNATURE OF LOCA 2418321	L REGISTRAR ISSUM	IG PERMIT
A	NY CHANGE IN DISPOSI- TION REQUIRES A NEW	SANPOTEGUT	GISTRAR OF DISTRICT OF DEATH RAIL CAPPONIA BOX 85222 CA 92186-5222	10.000			T OF DISPOSITION — ER DISTRICT IN CALIFORNIA		
L	B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE BURIAL	11A. NAME AND AD MOUNT HO	DRESS OF CALIFORNIA CEMETER PE CEMETERY			D 111	(Name and Address C. SIGNATURE OF PER		OF BURIAL
LE MEMS	CREMATION		KET ST, SAN DIEGO, DRESS OF CALIFORNIA CREMATO		125/DATE CHEM	04 ► AVED 12	C. SIGNATURE OF PER	SON IN CHARGE C	CHEMATION
AL APPLICAB	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13	C. SIGNATURE OF PER	SON IN CHARGE O	DF FACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14	C. ADDRESS AND SIGN OF PLACING WITH T		N IN CHARGE
20	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE, OR DENTIFY FINAL PLACE AND CAD EA, <u>ONLY</u> ENTER LATITUDE AND LI	ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS	SITION CREMA	EENSE NIJMBER OF FED REMAINS DIS — IF APPLICABLE

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

VS9 (REV. 3/03)

Atal

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

12/10/

	Da	ate 10184104
You are hereby authorized and instructed	t eublect to your rules and e	08354
tagenla	عالم الم	guiantis, to mai the remains
of Charles	- Wenz	- 10 na 1 1 20
in a Droe of Burial Container	Funeral, date, time	(10/24 10.5C
Church Chapel, Graveside		Merronaukortuary.
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.		: Northern St. 9 (1-1) (272) 2 1
will be applied and billed to bridging.		2
Division 12 Section 2	_ Bik/Row Lot _	95 Grave -HPH
Grave space & Care Fund		985
Overtime/Late Arrival Fees		ID
Overtime/Late Arrival Fees Opening/Closing & Setup	U13PA	-000 P
Burial Container		418-
		2004 352-
Handling Fees		
Flower vases - Marker setting fee Recording Filing/Transfer Fees	MOUNTERADE	GEMETERY
Recording/Filing/Transfer Fees	MOONTOOL	100
Sales taxes		35,40
	Total Do	2013.40
1/6	ald receipt number 58 [11 2713.40
ρ'	and receipt number _ZO_1_	2712247
/		Balance due
I hereby certify I am the	se	of the above named decedent
and this is your authority to make disposithat I have the right to make this authorize	ation and I agree to hold Mt.	
any liability on account of said authorizati	ion and interment.	
I hereby authorize the interment in lot I	AGwend.	olyn L Wells
hold under deed.	Print Name	Transial Alla
	Address 0:	Imperial AUC
Signatura	San Die	190 COLF 92102
tam	(619-1	239-0073
(Telephone	
1000	Invoice #	
Work Order # E 18786	Acct. #	
- Control Cont		
The season of th	companie available is alto	manua formata tinon regional

MT HOPE CEMETERY €-18786

GRAVE BLIND CHECK FORM

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

	ice.				
	Anonsec				
		Х	Gibson	si.bsm	
	wells		Gi bisan Almidia		
V-1					
llind Check	Initiated By:	an		_ Date: _	0/00
1	ace for: <u>J</u> 8S			Let a	
	te: Th 10/2)
	Sect: 2 BIK/				
	ut by: Horma	~ f.	e~~~	_	
Grave Laid o					
Grave Laid o grees with I	egal Card: X Ye	es	OND ,	low	<u></u> _
grees with I	egal Card: XYes	es	□ ng f	lacy of	en ene

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

17

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

1/	A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST IFAN			111-1110	2. DATE OF BIRTH	3. DATE	OF DEATH	4. SEX
20	JOSEPH		JOE		WELLS JR.			12705/1931	0.755.0700.0757	2/2004	H
5	A. CITY OF DEATH		M. See Market	5B. COUNTY (- OUTSIDE CALIF.		, RELATIONSHIP, FULL	MAILING	ADDRESS AND	
-	SAN DIE	A STATE OF THE PARTY OF THE PAR		SAN D	LEGO		U442377755	FORMANT GWENDO 8 1/2 GMPER1			
7/	SAN DING	O MENORIAL	CHAPEL 2441 U		— IF AP	PLICABLE	CA	92102	W. WA	s. amm	DIMOG
	AVE. S	M DIRGO, C	A 92104		70 -1	.575	8A. SIGN	NATURE OF APPLICANT-	Person taleng p	CHARLEST SECTION	
	ACKNOWING GENERIT OF A		wiedge as applicant that the proposed disposit and Salety Code, and was authorized pursuant				₱ 0%	On well-	~~	10/2	6/2004
	PERMIT.	THE CALIFORNIA HEALTH A	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTH IS PECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	613 00	FEE PAID	98. DATE PERMIT 10/26/2 R. PRYC	004	9C. SIGNATURE OF LOC 2418096	AL REGISTR	IAR ISSUING PE	RMIT
	LOCAL REGISTRAR	9D. ADDRESS OF RE	GISTRAR OF DISTRICT OF DE ED IN CALIFORNIA VITAL 22 SAN DIEGO, C	RECORDS				CT OF DISPOSITION — ER DISTRICT IN CALIFORNIA	8		
1	B. CREMATION C. DISPOSITION OF THAN IN A CEME* D. SCIENTIFIC USE	ADAR	DRESS OF CALIFORNIA CEME	The state of the s	ALIFORNIA OUTSIDE O	CALIFORMA	D I n	(Name and Addre		HARGE OF BL	JRIAL
5	BURIAL	MT. HOPE SAN DIEGO		MARKET STR		10-29-04	,	Horman 1	Pera	usen	•
APPLICABLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREM	MATORY:		12B. DATE CREM	ATED 12	PC. SIGNATURE OF PE	RSON INIC	HARGE OF CE	REMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACIL	JTY RECEIVING REM	MAINS	13B. DATE RECE	IVED 1;	SC. SIGNATURE OF PE	RSON IN C	HARGE OF FA	CILITY .
COMPLETE			DRESS IN RECEIVING STATE I CREMATED REMAINS ARE TO		RE	14B. DATE SHIPP	ED 1	C ADDRESS AND SIG OF PLACING WITH	200 TO 100 P 1 TO 100	Chief Case have been bringered	CHARGE •
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, DIDENTIFY FINAL PLACE AND (EA, <u>ONLY</u> ENTER LATITUDE AN	CA DISTRICT OF DIS		15B. DATE OF DISPOSITIO		5C. SIGNATURE OF PE CHARGE OF DISPO		15D. LICENSE CREMATED R POSER — IF	

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

MT. HOPÉ CEMETERY INTERMENT ORDER

MT	HOPÉ CEMETER	BY.	
	RMENT OR		
1166			
AT NO	City of San Diego	Date 10	26/26
H.		Date	~* lot
V			
You are hereby authorized and instructed	ale Blevi		color the remains
of Blance Ragos	The Country of the	77	
in a Type of Build Container	The control of the second of t	me Inurs. OX	
Church, chapel, Graveside	:	Ragodale	Mortuary.
All Funeral cars must arrive before 3:00	o.m. of regular work	day or an extra charge	of \$
will be applied and billed to undersigned.	8-X		
No.			
Division 11 Section 2	Blk/Row	Lot 135 Gra	1V8 2
Grave space & Care Fund [3-1]	8085-		
	PI		# <u> </u>
Overtime/Late Arrival Fees		14.	412 00
Opening/Closing & Setup	OCT 2	7 2004	418 00
Burial Container			757.00
Handling Fees	MOUNT HOP	CEMETERY	35 2.00
Flower vases – Marker setting fee	NOON NOF	CCIVICTENT	
Recording/Filing/Transfer Fees			50.00
Sales taxes			32.40
		Total Due	1265.40
EN PAN	aid receipt number	R58/64	124540
ORT TO FEE	4.6	Batance du	. 0
SE2		457	named decedent
hereby certify I am the and this is your authority to make dispos	ition of remains as a	above indicated. I cert	ify and represent
that I have the right to make this authorizations any liability on account of said authorizations.	ation and I agree to on and interment.	hold Mt. Hope Cemete	ry harmless from
hereby authorize the interment in lot I	Print Name		40
	Aridress		
Signature	FEET TRANSPORT		
-4C	City		Zip Code
Sarle,	Telephone		
Paulete Work Order # E 18787	Invoice #		
Work Order # E .18/8/	Acct. #		



GRAVE BLIND CHECK FORM

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

existing marker the burial space		priate sp	ace(s) tha	t are adja	icent to
	" — — — — — — — — — — — — — — — — — — —				-
		paken			
	5	x			
*	Rodrigo	Zandas	Ander		
2	,				
Blind Check Ini Interment space Interment Date: Div: Se Grave Laid out Agrees with Le	for: Ju	ande Octak	R. Blo	100 C	huch
Agrees with Ma	p: 🗆 Yes		lo	Too	(
Blind Check &	Verified By:			Date:	- y

E-18787 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MA	AKE NO ERASUR	ES, WH	ITEOUTS OR O	THER A	LIEHATIONS			
1A	NAME OF DECEDE						2. DATE OF BIRTH		OF DEATH	4. SEX	
31	Juande		Lilla	Blevin	8		e corrección	08/20/1937		/2004	Y
5,4	CITY OF DEATH			5B. COUNTY OF ENTER STATE		OUTSIDE CALIF.		E, RELATIONSHIP, FULL			
	San Di				San	Diego	Jor	EII M. Blevi	ins, D	aughter	
		agedale Mo	A-FUNERAL DIRECTOR OR PERSON Fituary, 5050 Feder		— IF API	HENSE NUMBER PLICABLE \$329	San	1 49th Street Diego, CA S NATURE OF APPLICANT	2102	emit 88, DATE	SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby action of the Heelth	nowledge as applicant that the proposed disposition a and Safety Code, and was authorized pursuant to S	stated herein is one of the disp ection 7100 of the Health and	Safety Code	orized by Section 103055	Ell	an auto	ul	10/27	/2004
	PENMI	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		E PAID	10/27/20 B. Campl	04	9C. SIGNATURE OF LOCA 2418176	AL REGISTRA	AR ISSUING PE	FIMIT
N		Vital Reco	EGISTRAR OF DISTRICT OF DEATH MED IN CALIFORNIA DTGS, P.O. BOX 852 CA 92186-5222	Mrti-mi 50462				ICT OF DISPOSITION — ER DISTRICT IN CALIFORNIA	6		•
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLIC	ABLE ITEMS					FOR C	ORONOR'S	USE ONLY	_
	A. BURIAL (INCLUDE) B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS	[] DTHER	E, TEMPORARY EI F. DISINTERMENT G. SHIP IN TO CAL D. TRANSIT TO CA	JFORNIA			L DISPOSITION P		IEMAINS LOCAT	TED AT
	BURIAL	Mt. Hope	odress of California Cemete Cemetery; 3751 Mar CA 92102		2	118. DATE BURIE		SIGNATURE OF PER	E O S	IARGE OF BU	RIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMAT	TORY		12B. DATE CREM	100000	2C. SIGNATURE OF PER	ISON IN CH	HARGE OF CR	EMA:
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND A	ODRESS OF CALIFORNIA FACILITY	Y RECEIVING REMA	ins	13B, DATE RECEI	VED 1	3C SIGNATURE OF PER	rson in Ci	HARGE OF FA	CILITY
COMPLETE A	TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE			14B, DATE SHIPP	ED 1	4C. ADDRESS AND SIGN OF PLACING WITH T	AND DESCRIPTION OF A		CHARGE
	SCATTERING/BURBAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T	AREST POINT ON SHORELINE, OF D IDENTIFY FINAL PLACE AND CA BEA, <u>ONLY</u> ENTER LATITUDE AND I	DISTRICT OF DISPO		15B. DATE OF DISPOSITION		5C. SIGNATURE OF PER CHARGE OF DISPO		15D. LICENSE CREMATED AI POSER — IF A	EMAINS DIS-

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

Atud

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/27/84

JI JEIN	eva t	tich 2	239103
		01.	10/29 1:00
n a TS Vaul		al, date, time	_ * 1
Church, Chapel, Graveside _		:_Kag	Source Mortuary
All Funeral cars must arrive be	fore 3:00 p.m. of reg	ular work day or an ex	tra charge of \$
will be applied and billed to und	dersigned.		
Division 10 Section	Blk/Row	Loi_(0	526rave
Grave space & Care Fund			1095
Overtime/Late Arrival Fees			
Opening/Closing & Setup		AID	413-
Burial Container		7 0001	ลาร -
		c / 2004	SULT-
landling Fees		·····	
lower vases - Marker setting	MOUNT HO	PE CEMETER	/
lecording/Filing/friansfer Fees	\$,	·····	<u>50</u>
Sales taxes w			<u>31.51</u>
NO 3:05		Total Due.	94 20583
No 3:00	Paid receip	t number _ 58	1100-
(0)			Balance due 958-3
VA	undstan		MIC 0583
hereby certify I am the And and this is your authority to ma	also disposition of re	mains as above indica	the above named decedent ited. I certify and recession
hat I have the right to make things lightling on account of said	is authorization and authorization and int	l agree to hold Mt. Ho; erment.	pe Cemetery hammes non
(R)			00000
hereby authorize the interment old under deed.	nt in lot I	Prin Name	BRAXION WOON AVE.
	XX	x 4050 ne	WYON AVE.
iola unadi adda.		- / / .	N -
OMAN COMMEN	(7')	DAN Wich	D. CA. 92/13
D ₂		2619-90	o CA. 92/13 6-2986
Pam	20	Cay 6/9-26 Telephone	0, CA. 92/13 6-2986
Pam	202	Y 6/9-20 Telephone	o CA. 92113 6-2986
Pam Vork Order # E 187	88	Telephone Invoice #	0. CA. 92/13 6-2986

O Printed on recycled paper

MT HOPE CEMETERY E-18788

GRAVE BLIND CHECK FORM

ne buna	al space.		Wat	terline	-	
		tostotler	Arvell			
		FORDU	x	PRIOR		
			Louis	Lewis		
Intermer Intermer	nt space	ated By: for: fri lo[2 st: Bil	99_1	ja Time:	J:00	
Grave L	aid out b	A NOWN	IN FER	GUST	×	
Agrees	with Leg	al Card: 121	es C	J No	lag of	n
Agress	with intel	0. 20 163		40 Y	300	10/25/
		/erified By:	1 1			50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LISE BLACK INK ONLY - MAKE NO EBASLIDES WHITEOUTS OF OTHER ALTERATIONS

4.0	NAME OF DECEDE	NT FIRST (ORIGINAL)	18 MIDDLE	1C. LAST (FAM	110, 111	ILOUIO OILO	1	2. DATE OF BIRTH	I a DATE	OF DEATH	4 SEX
17	Geneva	W 10 10 10 10 10 10 10 10 10 10 10 10 10					DAY, YEAR 4/2004 P	P			
	San Die	go		5B. COUNTY C ENTER STA	F DEATH		6. NAME, OF INF W111	09/25/1925 RELATIONSHIP, FULL FORMANT 1e Pugh, Hu	MAILING A	ADDRESS AN	D ZIP CODE
	Anderson-Ra		A-FUNERAL DIRECTOR OR PERSO CUATY; 5050 Feder			PLICABLE	San	S. Gregory Diego, CA 9 TURE OF APPLICANT-	2113		E BIGNED
Ξ	ACKNOWLEDGEMENT OF A	I hersby acting of the Health	rowledge as applicant that the proposed disposition and Sefety Code, and was authorized pursuent to !	stated herein is one of the d Section 7100 of the Health ar	ispositions author Salety Code	orized by Section 103055	>16	an lam	beu	10/2	7/2004
	PERMIT	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAPETY CODE AND IS THE AUTHOR IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORN		FEE PAID	98. DATE PERMIT 10/27/20 B. Campb	004	9C. SIGNATURE OF LOC 2418180	AL REGISTE	iar issuing pe	FIMIT
- 13	NY CHANGE IN DISPOSE TON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	Vital Reco	EGISTRAR OF DISTRICT OF DEAT RED IN CALIFORNIA DEAS F.O. BOX 852 CA 92108-5222					T OF DISPOSITION — R DISTRICT IN CALIFORNIA			9
	B. CREMATION B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS O	DDRESS OF CALIFORNIA CEMETI		T ALIFORNIA DUTSIDE OF	100) 110	I. DISPOSITION P (Name and Address SIGNATURE OF PEF	25)		Z75555
	BURIAL	San Diego	Cemetery; 3751 Ma , CA 92102		et	nbah	140	M. Per	nte	smort	A
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMA	TORY		129 DATE OAEM	47ED 120	C. SIGNATURE OF PER	TSON TN C	HARGE OF C	REMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	ODRESS OF CALIFORNIA FACILIT	Y RECEIVING REM	AINS	13B. DATE FIECEN	VED 130	C. SIGNATURE OF PER	RSON IN C	HARGE OF FA	ACILITY
COMPLETE	TRANSIT		DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		E	14B. DATE SHIPPI	ED 140	OF PLACING WITH			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, O D IDENTIFY FINAL PLACE AND CA SEA, <u>ONLY</u> ENTER LATITUDE AND	DISTRICT OF DISF		15B. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPO		150 LICENSE CREMATED F POSER — IF	

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



brog •

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/27/04

na TS Voult Funer	al, date, time	
Type or Buital Container Church, Chapel, Graveside	ai, date, time	Mortuary
All Funeral cars must arrive before 3:00 p.m. of reg	ular work day or an e	xtra charge of \$
will be applied and billed to undersigned.		
Division 12 Section 1 Blk/Row	Lot	O Grave
Grave space & Care Fund		985
Grave space & Care Fund	PAIN	
Opening/Closing & Setup		413-
Commence of the commence of the control of the cont	EP 0 7 2005	275-
		204-
Handling Fees	HODE CELL	
ecording Filing/Transfer Fees		20
Sales taxes		01.21
	Total Due	1908.2
Paid receip	t numberV	15a 048.3
hereby certify I am the X and this is your authority to make disposition of re that I have the right to make this authorization and invalidability an account of said authorization and interest authorize the interment in lot I hold under deed.	mains as above indic l agree to hold Mt. Ho erment.	Balance due 1000 ce fine above named deceden sated. I certify and represent ope Cemetery harmless from 1000 ce du 1000 ce
Nork Order # E .18789	Telephone Invoice #	~ 30W3*°°°
VOIN 01001 II		

O Printed on recycled paper

175502 2452 9464 5. -5.15 92110 = RALAH A. Desot = CO- purchas 228750

DESOTO, DAVID 1711 Hidvale Dr. 3B 92105 (619)262-8063 (617-375-2554-760 purchaser E-18789 Div 12 Sec 1 Lot 101 Cr 11 DEBIT 10-27-2004 Opened pre-need lot and trust by Visa 985.00 To include open/close, TS Vault, handeling, 963.31 1948 31 fee, recording fee and tax. 948.31 000.00 95800 12-8-04 R* VISA 4200 Coupera 91600 4200 4200 83200 11 79000 5 38 00 4-21-05 Coupon 12 then 24 25100 V159 9-7-05 538,00 V159 SEP 0-7 2005 MOUNT HOSE LEAD LE

Pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/28/04

You are hereby authorize	red and instructed, si e Ela I n				
ina Vault		Funeral, date,		360000 300000	11
Church, Chapel, Grave	Container		0,000		Mortuary.
All Funeral cars must a	rive before 3:00 p.m	of regular work	day or an ext	ra charge of \$	
will be applied and bille	d to undersigned		- 20		ä
Division 8 s	ection B	lik/Row	Lot 156	94 Grave	1
Grave space & Care Fu	nd				1042-
Overtime/Late Arrival F	Bes	PΔ	MD		54 m
Opening/Closing & Sets			••••	·	549
Burial Container		OCT 2	8 2004		364
Handling Fees			······		211
Flower vases - Marker	setting feeMO	UNT HOPE	CEMET	ERY	184
Recording/Filing/Transf	er Fees			······································	106
Sales taxes					28
				3	506 37
	. g Paid	receipt number	VISA		506=
	300		В	alance due _	0
I hereby certify I am the and this is your authorithat I have the right to rany liability on account	ty to make dispositionake this authorization	n and I agree to and interment.	above indica hold Mt. Hop	ted. I certify a e Cemetery h	narmiess from
I hereby authorize the in hold under deed.	nterment in lot I	Print Name	RNARD		Villagetal Villa
	10		90 YORK		
Signatura PA	llegas Im	City (61)	MG 5A 9) 466.	2881	9/942 Zip Code
	8790				
Work Order #	200				
REA-104 (3-04)	This infon	mation is availa	bie in altemai	ive formats u	ipon request.

O Printed on recycled paper

Ata

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10 29 04

You are hereby authorized and instructed	subject to your rules and regulations, to inter the remains
of DO 2019 -	Funeral, date, time Wed 113 110
Type of Burla Container Church, Onapel, Graveside	: Men wood Montuary.
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	Lot
Grave space & Care Fund	E 11361 -
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Recording/Filling/Transfer Fees	
	Total Due
F	Paid receipt number
	Balance due
hereby certify I am the SON and this is your authority to make dispos that I have the right to make this authoriz any liability on account of said authorizati	of the above named decedent sition of remains as above indicated. I certify and represent sation and I agree to hold Mi. Hope Cemetery harmless from ion and interment.
I hereby authorize the interment in lot I	19575 Genesce Ave. 052
hold under deed.	19575 benesee Ave. \$52
Signature	(SAN DIEGO CA. 92121 (858) 623-9439
tom	(858) 623-9439
10704	Invoice #
Work Order # E 18791	Acci. #

MT HOPE CEMETERY E- 18791

GRAVE BLIND CHECK FORM

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

		sweet	Roman	v erniss	ee	
	sayer	DILLAMO	x	BURY	sank	
		Longert	Blakene	Leveren:		
	_					
Intermen	nt space for	r: B	etty	Wel	_ Date: <u>(</u>	29
Interment	nt space for	r: B Sed '	etty 1	Lot; _	S	

Agrees with Map: Yes

Blind Check & Verified By:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MA	AKE NO ERASURES	, WHITEOUTS OR	OTHER A	LTERATIONS		
	NAME OF DECEDER	NT—FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
5A		ORTUARY, I	IA - FUNERAL DIRECTOR OR PERSON -805 & IMPERIAL A	SAN DIEG SAN DIEG NACTING AS SUCH 78. C VE	O ALIF LICENSE NUMBER IF APPLICABLE	957	E, RELATIONSHIP, FULL M FORMANT RICK B. BIGHAN 5 GENESEE AVE DIEGO CA 921:	Mes-son . ##2 21	
-	ACKNOWLEDGEMENT OF A	I hereby actor	coulodge as applicant that the proposed disposition	stated herein is one of the disposit	843 ors authorized by Section 103065	AND RESIDENCE OF THE PARTY OF T	NATURE OF APPLICANT—P		1/2004
-	PERMIT	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH TTY FOR THE DISPOSITION	and Safety Code, and was authorized pursuant to S N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR N SPECIFIED IN THIS PEPAIR. O MONT OF DESPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE F	NAME OF TAXABLE PARTY.	2004	9C SIGNATURE OF LOCAL 2418463	CANADA THE PARTY OF THE PARTY O	CONTRACTOR NO.
10	NY CHANGE IN DISPOSI-	PO BOX 852	EGISTRAR OF DISTRICT OF DEAT LED IN CALIFORNIA 22 CA 92186-5222	H- 9E.	ADDRESS OF REGISTRA	A OF DISTR	ICT OF DISPOSITION — LER DISTRICT IN CALIFORNIA		
-	A BURIAL (INCLUDE: B. CREMATION C. DISPOSITION OF THAN IN A CEMET	S ENTOMBMENT) CREMATED REMAINS (E TEMPORARY ENVA	DRNIA	2	-to prevent baseling of a 4-1	RONOR'S USE ONLY IDING REMAINS LOCA	TED AT
	BURIAL	MT HOPE	CEMETERY, 3751 MA CA 92102		11B. DATE BUR	ED 1	C. SIGNATURE OF PERSON	ON IN CHARGE OF BL	IRIAL
LE TTEMS	CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CREMAT	FORY	12B. DATE CRE	MATED 1	2C. SIGNATURE OF PERS	ON IN CHARGE OF CR	REMATION
ALL APPLICAB	SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	3 138, DATE RECI	EIVED 1	3C. SIGNATURE OF PERS	ON IN CHARGE OF FA	CILITY
COMPLETE /	TRANSIT	14A. NAME AND AL PIEMAINS OR	DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE SHIPPED	148. DATE SHIP	PED 1	4C. ADDRESS AND SIGNA OF PLACING WITH THI		CHARGE
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Atud

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PSIOI You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Gravesid 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 1018 Grave Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Flower vases - Marker setting fee MOUNT HOPE CEME Marke Paid receipt number Rev 58203 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 attocked any liability on account of sald authorization and interment. I hereby authorize the interment in lot I hold under deed. Zip Code Invoice # 18792 Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Atual

MT. HOPE CEMETERY

City of San Diego

10/29/01 ono

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MT HOPE CEMETERY E- 18792

GRAVE BLIND CHECK FORM

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

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E- 18792

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

2905-02

			USE BLACK INK ONLY -	MAKE NO ERASURES, V	VHITEOUTS OR O	THER ALTERATIONS	100-02
IA	NAME OF DECEDEN	IT-FIRST (GIVEN)	1B. MIDDLE	1C, LAST (FAMILY) BROWN			TE OF DEATH 4. SEX
	REBECCA CITY OF DEATH SAN DIEGO	70.	Α	5B COUNTY OF DEAT ENTER STATE SAN DI	EGO	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT GREG VIERA	A-SON 788
7A	SAN DIEGO		A-FUNERAL DIRECTOR OR PER CHAPEL 2441 UI A 92104	SON ACTING AS SUCH 78. CAL NIVERSITY — IF	IF LICENSE NUMBER APPLICABLE I=1575	NORTH ALDA DR. SAN 92069 BA SIGNATURE OF APPLICANT—PARENTE	MARCOS, CA
	ACKNOWLEDGEMENT OF A	PLICANT I hereby score	owiedge as applicant that the proposed disposed Salety Code, and was authorized pursual	elion senso haven a one of the disposators of to Section 7100 of the Health and Safety C	authorized by Section 103055 ade	· Bounie Bry	
	AUTHORIZATION OF	IME CALIFORNIA HEALTH TY FOR THE DISPOSITION NOTE: THIS PERMIT GIVES NO	I ACCORDANCE WITH PROVISIONS I AND GAPETY CODE AND IS THE AUT IN SPECIFIED IN THIS PERMIT. DIRIGHT OF DISPOSAL OUTSIDE OF CALIF	\$13.00	N. PRYOR		TRAR ISSUING PERMIT
N	Y CHANGE IN DISPOSI- ION REQUIRES A NEW ERWIT TO SHOW FINAL DISPOSITION		GISTRAR OF DISTRICT OF P ED IN CALIFORNIA VITAL 222 SAN DIEGO,			OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALFORNIA	
- 5	THAN IN A CEMET D SCIENTIFIC USE	CREMATED REMAINS C	OTHER ORESS OF CALIFORNIA CEM HOPE CEMETERY	E. TEMPORARY ENVAUL F. DISINTERMENT G. SHIP IN TO CALIFORN D. TITANSET TO OUTSIDE ETERY 3751 MARKET ST	OF CALIFORNIA	I. DISPOSITION PENDING (Name and Address) 11C. SIGNATURE OF PERSON IN	
	BURIAL	SAN DIEGO	, CA 92102	And Aller	11/5/0	4 - Kenngth	allins
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LL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FAC	LITY RECEIVING REMAINS	13B, DATE RECEI	VED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
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	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE O IDENTIFY FINAL PLACE AND IEA, ONLY ENTER LATITUDE A	CA DISTRICT OF DISPOSITIO	00 DISPOSITIO	15C. SIGNATURE OF PERSON II CHARGE OF DISPOSITION	

Atual

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/29/04

You are hereby authorized and instruct	led, subject to your rule	es and regulations, to i	nter the remains
of Adrian	Victori		52740 N 5000 - 1 00 1 00 00 00 00 00 00 00 00 00 00 00
ina TS Vault	Funeral, date, to	mo Tues " 3	70
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All Funeral cars must arrive before 3:00	0 p.m. of regular work	day or an extra charge	of \$
will be applied and billed to undersigns	d	1 V	
Division 12 Section 2	Blk/Row	Gre Gre	100
Grave space & Care Fund		<i></i>	1310
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Handling Fees	OCT 2.9	2004	271
Flower vases - Marker setting fee		/	
Recording/Filling/Transfer Fees	MOUNT HOPE	CEMETERY	Colo-
Sales taxes		, 	28.37
	Paid raceipt number	RS&175	2560.5
100		Balance du	<u> 40</u>
I hereby certify I am the and this is your authority to make disp that I have the right to make this autho any liability on account of said authoriz	rization and I agree to	above indicated. I cert	named decedent ify and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name		
Signature	Actions		
Han-	Talephone		Zip Code
⊏ 18793	Invoice #	<u> </u>	-000
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MT. HOPE CEMETERY

INTERMENT ORDER

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- NEEL	City of San Diego		
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All Funeral cars must arrive before 3:0	0 p.m. of regular work day	or an extra charge	e of \$
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I hereby certify I am the + + + + + + + + + + + + + + + + + + +	14	of the above	named decedent
and this is your authority to make disp that I have the right to make this authorized any liability on account of said authorized	rization and I agree to hold	ve indicated. I cer	tity and represent
I hereby authorize the interment in lot I hold under deed.	CLARENC	E DAVIS	75
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REA-104 (3-04) This	Information is available in	alternative form.	ats upon request.

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MT HOPE CEMETERYE - 18794

GRAVE BLIND CHECK FORM

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

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Blind Ch	eck & Veri	fied By:_	210	urm	Date:	1-4-04

E-18794 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY -- MAKE NO FRASURES, WHITFOUTS OR OTHER ALTERATIONS. 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX Davis

MONTH, DAY, YEAR

06/26/1985

MONTH, DAY, YEAR

10/26/2004

M

5B. COUNTY OF DEATH — OUTSIDE GALIF. [6, NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE DeAngelo LaFrance 5A CITY OF DEATH OF INFORMANT Clarence Davis, Jr., Father ENTER STATE San Diego San Diego 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH :7B: CALIF. LICENSE NUMBER 734 San Miguel Avenue Anderson-Ragsdale Mortuary, 5050 Federal Blvd - IF APPLICABLE San Diego, CA 92113 San Diego, CA 92102 FD-1329 BA. SIGNATURE OF APPLICANT-Person laking permit :8B, DATE SIGMED Thereby admonstrating as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 105055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 11/01/2004 ACKNOWLEDGEMENT OF APPLICANT 9A. AMOUNT OF FEE PAID 98 DATE PERMIT ISSUED BC SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 11/01/2004 2418389 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 13.00 B. Compbell LOCAL REGISTRAR SE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW Vital Records, P.O. Box 85222 PERMIT TO SHOW FINAL San Diego, CA 92186-5222 DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING -- REMAINS LOCATED A (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery: 3751 Market Street BURIAL San Diego, CA 92102 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION CREMATED REMAINS DIS-POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

COPY 2 IS RETAINED BY THE 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

	INTERMENT ORDER	
it Need	City of San Diego	3
F be	Only of Carl Diego	11-1-04
	Date	11 1 09
You are hereby authorize	d and instructed, subject to your rules and regula	tions, to inter the remains
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All Funeral cars must arr	ve before 3:00 p.m. of regular work day or an ext	ra charge of
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an so approv and sined	to underognou.	4
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J MINDO	В	alance due
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any liability on account of	said authorization and interment.	a Camarary narmass nor
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This information is available in alternative formats upon request.

REA-104 (3-04)

Muther Norma 888 270-1895 Linda Hale 619)994-8069

213

12 No. 10

37/31

MT HOPE CEMETERY E- 18795

GRAVE BLIND CHECK FORM

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

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Blind Check & Verified By: Marel Money - Date: 11-

C- 18795

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX.
5,4	DOUGLAS EDWARD 5A, CITY OF DEATH		ENTER STATE		MONTH, DAY, YEAR MONTH, DAY, YEAR 07/10/1913 10/31/2004 M 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COD OF INFORMANT	
7A	SAN DIEGO TYPED NAME AND AI CLAIREMONT	DORESS OF CALIFORNIA	FUNERAL DIRECTOR OR PERSO 4266 MT. ABERNA SAN DIEGO, CA S	ON ACTING AS SUCH 78. CALIF ATHY AVE IF AF	PLICABLE	NORMA J. HUBBS - WIFE 4114 TAOS DRIVE SAN DIEGO, CA 92117 8A. SIGNATURE OF APPLICANT—Person unsegnant (88) DATE SIGNED
2	ACKNOWLEDGEMENT OF A		wiedge as applicant that the proposed disposition and Salety Gods, and was authorized pursuant to	on slated herein a one of the dispositions as	Shonzed by Section 103055	► (The Sand 11/02/2004
		THE CALIFORNIA HEALTH. ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF IND SAFETY CODE AND IS THE AUTHO SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	\$13.00	NIA GOO 11/02/20	
H	TY CHANGE IN DISPOSE- TON REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	P.O. BOX 85				DE DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN GALIFORNIA —
10	AUTHORIZED DISPO	SITION(S) CHECK APPLICA	MILITARY CONTRACTOR OF THE PARTY OF THE PART			FOR CORONOR'S USE ONLY
- 2	A BURIAL (INCLUDE B. CREMATION		TUCE	E. TEMPORARY ENVAULTS F. DISINTERMENT	en en en en en en en en en en en en en e	i. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)
	C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE		The state of the s	G. SHIP IN TO CALIFORNIA		
1	THAN IN A CEME	11A. NAME AND AD MOUNT HOPE	DRESS OF CALIFORNIA CEME CEMETERY - 3751 REET, SAN DIEGO,	D. TRANSIT TO OUTSIDE (1/ -
ALE TIEMS	THAN IN A CEME D. SCIENTIFIC USE	11A. NAME AND AD MOUNT HOPE MARKET STI	DRESS OF CALIFORNIA CEME CEMETERY - 3751	TERY CA 92102 IATORY I-805	OF CALIFORNIA 11B, DATE BURIED	ATED 12C. SIGNATURE OF PERSON OF CHARGE OF CREMATION
UL APPLICABLE ITEMS	D. SCIENTIFIC USE	11A. NAME AND AD MOUNT HOPE MARKET STI	DRESS OF CALIFORNIA CEME CEMETERY - 3751 REET, SAN DIEGO, DRESS OF CALIFORNIA CREM CREMATORY	CA 92102 IATORY I-805 IEGO, CA 92102	11B. DATE BURIES 1/-/5-0 12B. DATE CREM	ATED 12C. SIGNATURE OF PERSON OF CHEMATION
COMPLETE ALL APPLICABLE ITEMS	D. SCIENTIFIC USE BURIAL CREMATION SCIENTIFIC	11A. NAME AND AD MOUNT HOPE MARKET STO 12A. NAME AND AD GREENSOOD & IMPERIA 13A. NAME AND AD	DRESS OF CALIFORNIA CEME CEMETERY - 3751 REET, SAN DIEGO, DRESS OF CALIFORNIA CHEM CREMATORY LAVENUE, SAN DI	D. TRANSIT TO OUTSIDE OF TERY CA 92102 IATORY I-805 IEGO, CA 92102 ITY RECEIVING REMAINS DR COUNTRY WHERE	11B. DATE BURIEI 1/-/5-0 12B. DATE CREM/	ATED 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

MT. HOPE CEMETERY

INTERMENT ORDER

AT Need

City of San Diego

Date 11- 2-04

You are hereby authorized and instructed, sult of Mar(a &	eject to your rule	s and reg	ulations, to it	nter the remains
ina T.S. Vault	Funeral, date, ti	me Tu	ws.	Nov. 4, 4:0
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will be applied and billed to undersigned,		LANCIAGO VIA I	7040.7320.00	
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I hereby authorize the interment in lot I hold under deed.	Pnnt Name			1 d
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F 18796	Invoice #	_ /		150

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SD MT. HOPE CEMENTERY > 95449334

NO.198 DE2

MT. HOPE CEMETERY

INTERMENT ORDER

AT Need

City of San Diego

Date 11-2-04

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lower value - Marker setting to 1004-0-5	57.7
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MOUNT HOP	E CEMETERY 31.31
	receigt number 17-58782 1948-3
,	Balance due
hereby sentify term sho Alluf	her at the above named decedent
nd this is your authority to make disposition	n of remains es above Indicated. I centry and represent in and I agree to hold Mr. Hope Cemetery harmless from
hareby sushorize ting interment in lot I old Dinder deed.	Rosa MARIA Herero
LOSA U. Hereon	3724 / Clay Ave 92113
a lock	19 527017R 2000
Vacce	(moles #
- F 18796	

REA-104 (3-04)

This Information is available in alternative formats upon request.

MT HOPE CEMETERY €-18796

GRAVE BLIND CHECK FORM

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

the burial sp	ace,				
			Green		
		х			Russel
		<u> </u>			
Blind Check	Initiated By:	Tau	14th	_ Date:	1(14
Interment sp	ace for:	Maria	E- H	enver	q
Interment Da	ate:[lum	0-11/4	Time:	1,00	
Div:_12	Sect: 2	Blk/Row: _	Lot:	39 0	3r: 7
Grave Laid	out by:	man f	en		
Agrees with	Legal Card:	19 Yes	□ No ·	<u> </u>	2
Agrees with	Map: 🗹 Yes	s 🗆	No	119	5
Differ of Observation	9 Vacified D	0)	Woln	D-1	

E-18 796

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

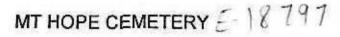
USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 4 SEX 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR 02/12/2944 10/30/2004 F HERRERA ELISA MARIA 5A CITY OF DEATH 5B. COUNTY OF DEATH - OUTSIDE CALIF. OF INFORMANT ENTER STATE SAN DIEGO ROSA MARIA HERRERA-DAUGHTER SAN DIEGO 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178. CALIF. LICENSE NUMBER 31244 CLAY AVE. CHADALIPANA MORTUARY. 2601 IMPERIAL AVE. - IF APPLICABLE SAN DIEGO, CA. 92113 FD-1425 SAN DIEGO, CA. 92102 BA. SIGNATURE OF APPLICANT - Person taking permit; BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Saction 109055 11/01/2004 ACKNOWLEDGEMENT OF APPLICANT of the Health and Safety Code, and was sufficilized pursuant to Section 7100 of the Health and Safety Code 9A. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 11/01/2004 \$13,00 **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION SAN DIRGO, CA. \$2186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY A. BURIAL (INCLUDES ENTOMEMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A, NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOME CEMETERY. 3751 MARKET ST. BURIAL -04-04 SAN DIEGO, VA. 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 122. SIGNATURE OF PERSON IN CHARGE OF CREMAT TEMS CREMATION 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B, DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148, DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 158. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. CREMATED REMAINS DIS-SCATTERING/BURIAL DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

Ingrave of Duniel Gut Mit. HOPE CEMETERY INTERMENT OPPO-INTERMENT ORDER

Date 11/2/04

You are hereby authorized and instruc	sted, subject to your rules and regulations, to inter-	the remains
or MIKE Guiter		
ina ASH VALLT	Funeral, date, time FV1 - Nov.5	1.00
Church, Chaper, Graveside	; Family	Mortuary.
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersign	ed	
Division 1Z Section 2		2_
Grave space & Care Fund	E-11929	Θ
Overtime/Late Arrival Fees	······	
Opening/Closing & Setyp	1	54.00
Burial Container 6 74 W X	6/14 t	81.00
Handling Fees		88,00
Flower vases – Marker setting fee	PAID _	
Recording/Filing/Transfer Fees		66,0
Sales taxes	NOV 0.3 2004	628
soe	Total Due	39528
non-res, fee	Pai MOUNT HOPE CEMETERY Pai MOUNT HOPE CEMETERY Balance due	395.25
and this is your authority to make dis-	position of remains as above indicated. I certify a prization and I agree to hold Mt. Hope Cemetery hi	nd represent
hereby authorize the interment in lot hold under deed.	Print Name	West and the
Soneture AcAc	- 3 1958 Avon Z	
Paulette	619.933.4167	
E 18797.	Invoice #	- 8
Work Order # E 107777	Acct. #	 :



GRAVE BLIND CHECK FORM

	n Th	e grai	iea	Minie	aun	eme z
1 4			x -		Carre	Ltale
		Blackman	· ·	Regg	}	fai
lind Ched	ck Initiat	ed By:		r.	Date:	

Grave Laid out by: <u>Morman Fenguson</u>

Agrees with Legal Card: | Yes | No |

Agrees with Map: | Yes | No |

Blind Check & Verified By: DARKEY Date: 1/3-04

A6344

E- 18797 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

MAX

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH		OF DEATH	4. SEX
KIRB FURNTES		GUTIERREZ			11/11/1945	10/11	/2004	M		
5/	SAN DIECO			5B. COUNTY OF D ENTER STATE	SAN DIEGO	OF IN	RELATIONSHIP, FULL IFORMANT LA CUTTERRE	MAILING /	ADDRESS AND	ZIP CODE
7/	ECH ERICE	SOM ANDERSO	A-FUNERAL DIRECTOR OR PERSON: DE CHAPEL MESA CA 91941		ALIF LICENSE NUMBER IF APPLICABLE FD296	SPRI	AVOR LANE ING VALLEY CO		0.00	SIGNED
	ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed disposition sta and Safety Code, and was authorized pursuant to Sec			1	the A	400		/2004
	ALITHOPIZATION OF	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHORU- SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	10/14/2 E.JORD	004	9C. SIGNATURE 05 1000 2417496 >	AL REGISTR	RAR ISSUING PE	PMIT -
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECO	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA IDS PO BOX 8522 A 92186-5222		ADDRESS OF REGISTRAR	OF DISTRI	CT OF DISPOSITION — ER DISTRICT IN CALIFORNIA			- 118
10	. AUTHORIZED DISPOS	SITION(S) CHECK APPLIC	ABLE ITEMS				FOR C	ORONOR'S	S USE ONLY	
- ;	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS (OTHER [F DISINTERMENT G. SHIP IN TO CALIFO D. TRANSIT TO OUTS	PRNIA		(Name and Addre		REMAINS LOCA	
	BURIAL	MT BOPE CI	DRESS OF CALIFORNIA CEMETER IMETRAT IT ST SAN DIRCO CA		11B. DATE BURIE	0 11	C. SIGNATURE OF PER	Nove Nove	HARGE OF BU	PRIAL
APPLICABLE ITEMS	CREMATION	CYPRESS V	DORESS OF CALIFORNIA CREMATO LEW CREMATORY LIAL AVE SAN DINGO		12B. DATE CREW	of D	ON O	ASON	HARGE OF CE	REMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 13	SIGNATURE OF PE	RSON IN C	HARGE OF FA	CILITY
COMPLETE			DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		14B. DATE SHIPE	ED 14	4C ADDRESS AND SIG OF PLACING WITH			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAID EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSI			5C. SIGNATURE OF PE CHARGE OF DISPO		15D LICENSE CREMATED R POSER — IF A	EMAINS DIS-

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

Prud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	u	2	n	-
Date _	***************************************			L

of 15etty	71. G	102 le	e 97	1.00
in a	Funeral, date,	time		5
			-	Mortuary
mi Funeral cars must arrive before 3:00 p.m.	of regular work	day or an e	xtra charge of	\$
will be applied and billed to undersigned.				
Division 12 Section B	k/Row	Lot	40 Grave	<u>-ī</u>
Grave space & Care Fund	n	*******************		-
Grave space & Care Fund				
Opening/Closing & Setup		5	,44 -	7年代
Burial Container	2004	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		E = 3
Handling Fees	in	set	fu	13
Recording Filing/Transfer Fees			U	66
Sales taxes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Paid	receipt number	Total Due	58190	688
-	***************************************		Balance due	0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as n and I agree to	above indi	cated. certify	amed deceden and represen harmless from
heraby authorize the interment in lot I	15	Control of the Control	Zohnzo	211
hold unde <u>r de</u> ed.	124	61 TR	ACE R	Ď.
Styrahun	4,50	J	lley C	Zip Code
town	X 616	9-660-	2326	
F 18798	Invoice	*		100000

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego Date 11-2-04 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Church Chapel, Graveside Funeral, date, times Subject Spugger Church, Chapel, Graveside Funeral, date, times Subject Spugger Church, Chapel, Graveside Funeral, date, times Subject Spugger Church, Chapel, Graveside Funeral, date, times Subject Spugger Mortuar 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 Blik/Flow Lot 1/30 Grave Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup Burial Container Handling Fees. Flower vases – Marker settling fee Recording/Filing/Transfer FeMOUNT HOPE CEMETERY Sales taxes Total Due Paid receipt number SSA D D Balance due Of the above named decader and this is your authority to make disposition of remains as above indicated. I certify and representable I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmiess from any liability on account of said authorization and larger to hold Mt. Hope Cemetery harmiess from any liability on account of said authorization and inferment. I hereby authorize the inferment in lot I Prer Name Address Division Figure 1879 Work Order # E This information is available in alternative formats upon request	d ~ ~	Limely, One	, Ln
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rut Clack to Julia Held on Revue Solina Funeral, date, tinke? Successful Solina Funeral, date, tinke? Successful Solina Funeral, date, tinke? Successful Solina 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 Blik/Flow Lot 1/30 grave Division Section Blik/Flow Lot 1/30 grave Grave space & Care Fund Covertime/Late Arrival Fees Opening/Closing & Setup Burial Container Nov 0 2 2004 Handling Fees Nov 0 2 2004 Flower vases — Marker setting fee Recording/Filing/Transfer FeMOUNT HOPE CEMETERY Sales taxes Solion Solid authorization of remains as above indicated. I certify and representant I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and Interment. Province Solid School Sc	need Clark	City of San Diego	11. 2 01
ol Quit Claum to Iruin Subter Spegal In a Tipe of Burlin Container Church, Chapel, Graveside Fund Subter Spegal All Funeral, date, times Subter Spegal Mortuan 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 Belief to undersigned. Division Section Belief Container Grave space & Care Fund Covertime/Late Arrival Fees Opening/Closing & Setup Burlal Container Handling Fees Flower vases — Marker setting fee Recording/Filling/Transfer FeMOUNT HOPE CEMETERY Seles taxes Total Due Society Seles taxes Total Due Society Seles taxes Total Due Society Society I am the of the subtrivial or and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and Interment. Purt Name Address Divature Total Due Society I am the of the subtrivial or and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and Interment. Purt Name Address Divature Total Due Society I am the of the subtrivial or and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and Interment. Purt Name Address Divature Total Due Society I am the of the subtrivial or and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and Interment. Purt Name Address Divature Total Due Society I am the of the subtrivial or and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authoriz	le first	220411	Data 11-2-04
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Division 8 Section 3 Bik/Row Lot 1/30 Grave Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup Burial Container Handling Fees Recording/Filing/Transfer FeMOUNT HOPE CEMETERY Sales taxes Total Due Paid receipt number 8 58 7 50 00 Balance due Of the above named deceder and this is your authority to make disposition of remains as above indicated. I certify and representant have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and Interment. Prest Name Address Figure 18799 Nork Order # E 18799 Nork Order # E 18799	All Funeral cars must arrive before 3:	00 p.m. of regular work da	y or an extra charge of \$
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Handling Fees	Opening/Closing & Setup	PAID	
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Flower vases – Marker setting fee Recording/Filing/Transfer FeMOUNT HOPE CEMETERY Sales taxes Total Due	Handling Fees	MOV 0 2 2004	
Paid receipt number	Flower usene - Market catting fee		<u> </u>
Paid receipt number	Recording/Filling/Transfer FeMOUN	NT HOPE CEMET	ERY 30.00
Paid receipt number R 58/7 50.00 Balance due And this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Address City Zip Cod Invoice # E Acct. #	ZCii.ma		
Paid receipt number R 58/7 50.00 Balance due And this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Address City Zip Cod Telephone 18799 Invoice # Acct. #			Total Due SO. OC
hereby certify I am the			R.58172 50.00
hereby certify I am the		. ala roccipi nambar _	200000
and this is your authority to make disposition of remains as above indicated. I certify and represent hat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and Interment. Thereby authorize the interment in lot I work order # E	Annual Property of the Control of th		
Print Name Address City Telephone 18799 Nork Order # E Address Addres	and this is your authority to make dis hat I have the right to make this auth	orization and I agree to he	ove indicated. I certify and represen-
Nork Order # E 18799 Invoice #		1	~~~~~
Nork Order # E 18799 Invoice #	hold under deed.	Pittiregra	000
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Nork Order # E Acct. #	(*)	City	Zip Cod
Nork Order # E Acct. #) little	Telephona	200
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	Work Order # E	10-	
1EA-104 (3-04) I nis inic/mation is available in alternative formats upon request			
◆ Printed on recycled paper	EA-104 (3-04)		in alternative formats upon request



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department Business hours 8 a.m. to 4 p.m.
527-5400 Monday through Friday • Gates open daily

QUITCLAIM DEED

In consideration of LOT 1430, SECTION :	3, DIVISION 8
	
I/We Mary M. Nelson	
DO HEREBY REMISE, RELEASE, AND QU	UITCLAIM to
Irvin Golden or Renee Golden or	Susie Spiegel
11	- 1- 1- 1- 1
all that Cemetery property situated in Mount Hope	Cametery, in said City of San Diego, County of
San Diego, State of California, described as follows	
Lot 1430 Grave Row Sec	tion 3 Division/Block 8
TO HAVE AND TO HOLD THE above	s-described quitclaimed property unto the said s successors and assigns forecer.
WITNESS my/our hand this 25 d	
EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:	By June & hander the offenery in for
Witnesses	
2	



POWER OF ATTORNEY

E 18799

	Margaret Mary Neison
and appoints GENE E. WH. State of California or, in his the cemetery broker, his true stead and for his use and her pertaining to the sale, dispos	d severally if more than one), bereby makes, constitutes ATLEY, a licensed and bonded cemetery broker in the abtence, Gene K. Whatfey, a licensed representative of e and lawful attorney for him and his name, place and nefft to perform and sign in his place in all matters tal, use, or to give burial rights to any other party or of cemetery property described as follows:
Lot 143	30, Section 3, Division 8
at N	ft, Hope Cemetery
perform all and every act and be done in and about the pre- could do if personally presen do or cause to be done by vis	uires, the masculine gender includes the feminine and/or udes the plural.
On October 11	2004 before me, the undersigned, a Notary Public
	appeared Margaret Mary Nelso,
	D

STATE OF IOWA

County Record

Maquoketa, IA 52060

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144. Code of lows.

DATE ISSUED

JACKSON

IOWA

C1604561

ANING: IT IS ILLEGAL TO DUPLICATE THIS COPY

I, Paul Jennings Potter, a resident of the City of Ben Diego, California, being of sound and disposing wind and memory, make, publish and declars this instrument to be my last Will and Testement, harmby revoking all former Wills and Codjolic executed by me.

ARTICLE 1

I direct that my funeral expenses and costs of administration of my astate be paid.

ARTICLE II

I bequests all the rest of my property, real and parsonal, to my distar, Grayce Marie Hirst, if whe is surviving at the time of my death, and if whe predocests me, I bequests all the rest of my property, real and parsonal, to my second counts, Margaret Mary Helson, to be her property, absolutely.

ARTICLE III

I nominate my sister, Grayce Haris Mirsh, as Executor of my estate to serve without bond. If she fails to serve in such capacity for any reason, I hominate my second commin, Margaret Mary Malson, presently of R. R. 2, Deimar, Jose. 52017, to serve as Executor of my estate without bond, regardless of the fact that she night be a sourceident of the State of California at the time of my death.

IN MITNESS WHEREOF, I have hereunto subscribed this, my Lent Will and Testament, in the City of San Diego, California, on this 26th day of November, 1990.

Paul Jennings Potter

The foregoing instrument was on the data thereof, by Paul Jennings Potter, subscribed and declared to be his Will, is the presence of us, who at his request, and in his presence, and in the presence of such other, do sign the same as witnessess thereto.

Stanley Donack , Deploying at 45T/ monrol out

Norma J. Barrey, Benjaing at 4573 Money live 11-36.90

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THE CITY OF

SAN DIEGO

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

QUITCLAIM DEED

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Lot 1430 Grave	38698				S
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WITNESS my/our h	and this _		_ day of	19	10 1
EXECUTED IN THE PRESE	NCE OF		Parametrial Parametrial	26-2111	
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Witnesses		365			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

ne, ROBERT E. ANDERSON, NOTARY PUBLIC.
M. Hirsh
broved to me on the basis of satisfactory evidence to be the person(f) whose name(f) is/are subscribed to the within instrument and acknowledged to me that be/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(f) on the instrument the person(f), or the entity upon behalf of which the person(f) acted, executed the instrument. WITNESS my hand and official seal.
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Estate es The Mit. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11-8-04

You are hereby authorized and instructed, su	bject to your ruk		
. <u>heddie f</u>	sraxto	on 228	
ina D.D. CRUPTIA	Funeral, date, I	ime Mon. No	v.15th 11:30
Church, Chapel, Graveside	;	Rapsc	take Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work	day or an extra cha	irge of \$
will be applied and billed to undersigned	COLUMN TO THE PROPERTY OF THE	Section of the Section	
Division 12 Section 2 8	lk/Row	_ Lot_180	Grave (6
Grave space & Care Fund			785.00
Overtime/Late Arrival Fees			
Opening/Closing & Setup			<u>413.00</u>
Burial Container D. D. C	MPT	•••••	41800
Handling Fees			
Flower vases – Marker ser 164			
Recording/Filing/Transfer Bes A. L.J			50.00
Sales taxes			32,4
NOV 0 3 2004		Total Due	2713.40
_ Paid.	receipt number	R-5819	5 27134
MOUNT HOPE CEM	EIERY	Balance	e due
hereby certify I am the		of the ab	ove named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorizations	n and I agree to	above indicated. I	certify and represent
hereby authorize the interment in lot I hold under deed.	Print Name		
Washing and the second	Address		
Signature	Cey		Zp Code
awette	Telephone		
ameri	Invoice #	L	
Work Order # E 18800	Acct. #_		
ACTION CONTRACTOR AND ACTION AND ACTION AND ACTION AND ACTION ACT	0023941045001		

MT HOPE CEMETERY [18800

GRAVE BLIND CHECK FORM

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

			Wilso	n	1000
Ksher	Fisher	x	0		
		mano	ma ro		
Intermen	eck Initiated By	reddie	Braxto	<u> </u>	1/15
Div: 12	t Date: 1115 Sect: 2	_ Blk/Row: _	Lot: !	1623	r:_ <u> 0</u>
Grave La	aid out by: <u>Nov</u>	mart	ey		
Agrees v	vith Legal Card	: 🗆 Yes	□ No	Pla	XQ
Agrees v	vith Map: D Y	es 🗆	No		
Blind Ch	eck & Verified	By: Жил	reth Coll	Date:	11/15/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2, 111112	30,0,0,0,0		2. DATE OF BIRTH	3 DATE	OF DEATH	4. SEX
	REDDIE		McCLEATOR	BRAKTON				MONTH DAY YEAR 07/25/1927		3/2004	F
	CITY OF DEATH	_	1				B. NAME.	RELATIONSHIP, FULL	MAILING	ADDRESS AN	
	AN DIEGO			SAN DIEGO			JOHN	ORMANT VIE BRAXTON	, HUSI	BAND	
			IA-FUNERAL DIRECTOR OR PERSON TUARY; 5050 FEDER		CALIF, LICEN - IF APPLICAL	ISE NUMBER BLE	2382 SAN 1	JUDSON STR	2111		
1	AN DIEGO,	CA 92102		r	D-1329)	BA. SIGNA	TURE OF APPLICANT-	Person taking	permit BB. DATE	SIGNED
_	ACKNOWLEDGEMENT OF A	PPLICANT I hereby acts of the Health	nowledge as applicant that the proposed disposition and Salety Code, and was authorized pursuant to S	stated herein is one of the disposi Section 7100 of the Health and Sal	ions authorized b ety Code.	y Section 103055	N	ris all	Wiz	11/0	6/2004
THE CALIFORNIA H		THE CALIFORNIA HEALTH	PRINT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF LIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- THE DISPOSITION SPECIFIED IN THIS PERMIT. RS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 13.0		11			9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418785		RMIT	
13	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL	O. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - 9E ADD				DIRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA.					
	A. BURIAL (INCLUDES B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS	OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFI D. TRANSIT TO OUTE	DRINIA	IFORNIA		I. DISPOSITION P (Name and Addre		REMAINS LOCA	TED AT
4	BURIAL	MT. HOPE	DDRESS OF CALIFORNIA CEMETERY; 3751 MAI , CA 92102			1/15/04		SIGNATURE OF PEI Kenne			JRIAL
BLE ITEME	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMA	TORY	128.	DATE CREMAT	TED 120	SIGNATURE OF PE	RSON IN C	HARGE OF C	REMATION
ALL APPLICABLE ITEN	SCIENTIFIC USE	13A, NAME AND A	DDRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAIN	S 138.	DATE RECEIVE	ED 130). SIGNATURE OF PE	RSON IN C	HARGE OF F	ACILITY
COMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPE		PPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHOOSE PLACING WITH THE CARRIER			
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T	CAREST POINT ON SHORELINE, OI O IDENTIFY FINAL PLACE AND CA SEA, QNLY ENTER LATITUDE AND —	DISTRICT OF DISPOS		DATE OF DISPOSITION	150	SIGNATURE OF PE CHARGE OF DISPO		CREMATED P	E NUMBER OF REMAINS DIS- APPLICABLE

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



Ata



INTERMENT ORDER

City of San Diego

	50	Date [1]	4104
		228330	181
You are hereby authorized and linst		and regulations, to in	ter the remains
of Raidin		111 20 CT	0 00
in a Type of Burial Container	Funeral, date, tin	- 11	9 -1.00
Church, Chapel, Gales	:	ancoonta	Mortuary.
All Funeral cars must arrive before	3:00 p.m. of regular work d	ay or an extra charge o	ol \$
will be applied and billed to undersi	igned	6	
Division Section	Blk/Row	Lot 53 Grav	·• 12_
Grave space & Care Fund			1310
Overtime/Late Arrival Fees	DA		
Opening/Closing & Setup			549
Burial Container	NOV 8	5 2004	3/de-
Handling Fees			271-
Flower vases – Marker setting fee .	MOUNT HOP	E CEMETERY	
Recording/Filing/Transfer Fees			46
Sales taxes			8.31
		Total Due	2540.3
	Paid receipt number .	258205	250.37
		Balance due	
I hereby certify I am the X		of the above	named decedent
and this is your authority to make that I have the right to make this a any liability praccount of said auth	uthorization and I agree to I	nold Mt. Hope Cemeter	ry harmless from
I hereby authorize the interment in	lot I		
hold under deed.	Print Name		
	Address		
Skyrillerun	City.		Zip Code
tan-	Telephone		
- 1880	1 Invoice #	**********	
Work Order # E 1000	Acct. #		
REA-104 (3-04)	This information is available	e in alternative forma	ts upon request.

@ Printed on recycled paper

MT HOPE CEMETERY 1990

GRAVE BLIND CHECK FORM

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Solon	X	Constan
	Colors	
Blind Check Initiated E	By: tam	Date: 11 (4
Interment space for:	Natalian Bo	
Interment Date: 100	3 11 Q Time:	
102	Blk/Row:Lo	ot: <u>52</u> Gr. 12
Grave Laid out by:	Λ.	
Agrees with Legal Car	d: 🗆 Yes 🗆 No	fly on
Agrees with Map:	Yes 🛭 No	James
Blind Check & Verifie	d By: DARKEY	Date://-8-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS



10	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		1C. LAST (FAI				DATE OF BIRTH		OF DEATH	4. SEX
	NATALIA						TLLALOBOS		1/24/1912		3/2004	F
	LEMON GR	DDRESS OF CALIFORN	IA - FUNERAL DIRECTOR OF	R PERSON A	SAN I	DIEGO 7B. CALIF.	LICENSE NUMBER	OF INFO	RELATIONSHIP, FULL DRIMANT ARITA GUILL MADISON AV	en-Gr		
		ana mortuai 0,ca.92102	RY,2601 IMPER	IAL AV	Æ.	FD-	1425	LEMO	URE OF APPLICANT	91945		SIGNED
Ξ	ACKNOWLEDGEMENT OF A	APPLICANT I hereby acid of the Health	rowledge as applicant that the propose and Salety Code, and was authorized	d disposition state pursuing to Secti	led herein is one of the fon 7100 of the Haaith a	dispositions aut and Salary Code		1	ducily	112%	_11/04	/2004
	PERMIT	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITIO	N ACCORDANCE WITH PROVIS I AND SAFETY CODE AND IS TH IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF	E AUTHOR-	\$13.0		SELENE CH	AVEZ	C. SIGNATURE OF LOC 2418721	AL REGISTA	IAR ISSUING PE	RMIT .
		P.O. BOX	EGISTRAR OF DISTRICT (RED IN CALIFORNIA 85222 CB 92186-522		3		BS OF REGISTRAR O	F DISTRICT	OF DISPOSITION — DISTRICT IN CALIFORNIA			
	A. BUFFIAL (INCLUDE) B. CREMATION C. DISCRIPTION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS (TERY	OTHER		E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C D. TRANSIT TO	NT ALIFORNIA OUTSIDE OI	F CALIFORNIA		I: DISPOSITION P (Name and Addres	He)		
	BURIAL	MOUNT HO	PE CEMETERS, 3 0, CA. 92102				118. DATE BURIED	110.	SIGNATURE OF PER	ASON IN CH	HANGE OF BU	HIAL
LE LEMB	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA	CREMATO	RY		12B. DATE CREMA	TED 12C.	SIGNATURE OF PER	RSON IN C	HARGE OF CE	REMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA	FACILITY F	RECEIVING REM	AAINS	13B. DATE RECEIV	/ED 13C.	SIGNATURE OF PE	RSON IN C	HARGE OF FA	CILITY -
COMPLETE	TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR			ie.	148, DATE SHIPPE	774000 NIVERS	ADDRESS AND SIG OF PLACING WITH			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORE O IDENTIFY FINAL PLACE SEA, <u>ONLY</u> ENTER LATITU	AND CA DE	STRICT OF DIS		158. DATE OF DISPOSITION		SIGNATURE OF PEI CHARGE OF DISPO		150. LICENSE CREMATED R POSER — IF A	EMAINS DIS-

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

Atrud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/8/04

na linti	Funeral, date, time /////	OU 1010
Church Chapel, Graveside		Pro 400
All Funeral cars must arrive before 3:00 p	24	- 0x
will be applied and billed to undersigned.	21 (A) (A)	
and approved and entree to underlarging	-	
Division 12 Section 1	Blk/Row Lot /52 G	rave 2
Grave space & Care Fund		-5-1
Overtime/Late Arrival Fees	F. 15493	27
Burial Container		
Handling Fees		-
Flower vases - Marker setting fee		
ecording/Filing/Transfer Fees		1000
		_
Sales taxes	**************************************	8
	Total Due	
P	aid receipt number	
	Balance d	ueeu
hereby certify I am the X Son	of the above	e named deceden
and this is your authority to make dispos hat I have the right to make this authoriza	ation and I agree to hold Mt. Hope Cemet	nity and represent lery harmless from
any liability on account of said authorization		
hereby authorize the interment in lot f	XJESSE S, CE	-LEDON
hald under deed.	Print Name 2532 Bounda	ex st.
ignatus	SAN Diego Ca.	97104
mannes	×619 247-585	Zip Code
- 11/2000	Telephone 7	
10000	Invoice #	
Vork Order # E 18802	Acct. #	
Vork Order # L-	Pitat. W	





MT HOPE CEMETERY /

E-18802

GRAVE BLIND CHECK FORM

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	Ellis	Socation		Genan		
Interme	neck Initiat nt space fo nt Date: <u>U</u>	or: L		Celect	671	Bulk
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	with Legal				flag	m
Agrees	with Map:	Yes	0 1	No 1	° , H	Laur
Blind Cl	heck & Ve	erified By:	Kennel	Callins	Date:	11/8/0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS'

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

1.4	NAME OF DECEDE	NT—FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEA
	LUCY	5	CELEDON		627197193		7
54	CHULA VIST	**	58. COUNTY OF DEA ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FU OF INFORMANT JESSEE 8. CELE	LL MAILING ADDRESS AN	ZIP CODE
74		DORESS OF CALIFORNIA - FUNERAL DIRECTOR OF PERSON. MORTUARY, I-805 & IMPERIAL A CA 92102	ACTING AS SUCH 78. CAL — IF		2532 BOUNDARY SAN DIEGO CA 9 BA. SIGNATURE OF APPLICAN	ST. 2104	SIGNED
	ACKNOWLEDGEMENT OF A	APPLICANT If hersby adventusing as applicant that the proposed disposition so of the Heath and Safety Code, and was authorized pursuant to Se-	eed herein is one of the dispositions from 7100 of the Health and Salety (thorized by Section 103055 ade.	VE LIZ	11/	09/200
4. 000	AUTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRIES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	11/09/20 K JON	2418916	OCAL REGISTRAR ISSUING P	FRMIT .
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL PERMIT TO SHOW FINAL PO BOX 8522.		90, ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO CA 92186-5222			OF DISTRICT OF DISPOSITION — R IN ANOTHER DISTRICT IN CALIFOR	**	
	A. BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS OTHER	E. TEMPORARY ENVAUL F. DISINTERMENT G. SHIP IN TO CALIFORI D. TRANSIT TO OUTSIDE	VIA .	L DISPOSITION (Name and Ad	N PENDING — REMAINS LOCA dress)	TED AT
	BURIAL	NT HOPE CEMETERY, 3751 MARS SAN DIEGO CA 92102		118. DATE BURIE	1 TZ	ERSON IN CHARGE OF BI	JRIAL (
UCABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	ORY	12B. DATE CREN	NATED 12C SIGNATURE OF	ERSON IN CHARGE OF C	REMATION
NL. APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECE	IVED 13C. SIGNATURE OF F	PERSON IN CHARGE OF FA	CILITY
COMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR O REMAINS OR CREMATED REMAINS ARE TO BE		148, DATE SHIPF	PED 14C, ADDRESS AND S OF PLACING WIT	IGNATURE OF PERSON IN H THE CARRIER	CHARGE
*	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR SUFFICIENT TO IDENTIFY FINAL PLACE AND CARD IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSITIO	15B. DATE OF DISPOSITIO	15C. SIGNATURE OF F CHARGE OF DISI	A CONTRACTOR OF THE PARTY OF TH	E NUMBER OF REMAINS DIS- APPLICABLE

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

Pred

MT. HOPE CEMETERY

INTERMENT ORDER

City df Sad Diego A11:12 PAID

Date

DD	1:000-000	
In a Type of Burel Conteiner	Funeral, date, time	
Church, Chapel, Graveside	i	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 undersign	ned	
.20 3.	U	17.
Division Section	Bik/RowLo	130 Grave 2
Grave space & Care Fund		<u> </u>
Overtime/Late Arrival Fees		
Opening/Closing & Setup	PΔID	_549 -
Burial Container		556
Handling Fees	NOV 0 8 2004	468-
Flower vases - Marker setting fee	10.76	
Recording/Filling/Transfer FeesM	OUNT HOPE CEME	TERY GO
Sales taxes		US AC
	Total	Due 1683.09
	Paid receipt number	10801 02N
	Data dinesa di Albertandos	Balance due
hereby certify I am the X Aba	"M	of the above named decedent
and this is your authority to make di	isposition of remains as above	indicated. I certify and represent
that I have the right to make this auth	rization and interment.	n. Hope Cemetery narmess from
any liability on account of said author		
(NB)	Juntur	WW LUDWG
any liability on account of said author NR I hereby authorize the interment in lo	Juntur	NACEL ST
I hereb authorize the interment in lo	TI KATHE	NAGEL ST
hereb authorize the Interment in lo	Provide Name (170)	NAGEL ST ESA 91942
hereb authorize the interment in lo	Provide Name (170)	NAGEL ST
hereb authorize the interment in lo	City 619-	NAGEL ST ESA 91942
hereb authorize the interment in lo	City Colored Tolepatone	NAGEL ST ESA 91942

Printed on recycled paper

Atd .

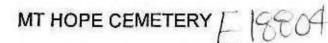
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diago 04P12:07 PAID Date

You are he	ereby authorized a	nd instructed,	sybject to your rul	es and regulatio	ns, to inter the remains
of	Jose	. Va	lencia	2 22	6334
in a	Type of Burlal Contai	ner	_ Funeral, date,	emit emit	2.6011.1 K
hurch C	hapel, Graveside			May	Mortuary.
All Funera	l cars must arrive t	pelore 3:00 p.r	n. of regular work	day or an extra	charge of \$ 165 -
will be app	olied and billed to u	indersigned.		0.000.000000000000000000000000000000000	
	0.04			13	9
Division _	1d Section	n_2_	Blk/Row	Lot 1	#Grave/
Grave spa	ice & Care Fund				1310 -
Overtime/I	Late Arrival Fees				
Opening/0	Closing & Setup	TO 10	DAID		549-
Burial Con	tainer	العان	PAID		556
Handling (250 641	lica w	OV 0 8 2004		468 -
Nower vas	Marker settin	g (88	JV U V 2007		
Maconding	Filing/Transfer Fe	SIAHHT.	HADE AFER	 	(de -
Sales taxe	is	MOUNT	HOPE CEM	EIEHY	43.04
				Total Due	2992.0
		Pa	id receipt number	0 582	10 2992.09
		3.50	a rossipi riambor		ince due
I horoby or	ertify I am the	dayah	te R	55000	above named decedent
and this is	your authority to	make disposit	on of remains as	above indicated	L I certify and represent Cemetery harmless from
any llability	y of account of sai	d authorization	and interment.	¥	
I hereby a	utherize the interm	ent in lot I	x Re	buca Mo	urtinu2
hold under			Mil 3	4 WEGIN	lu ol+c
-		0.14-11-12	Ter	nin Cokny	e ch quus
			200	1 1096-10	USA Zo Code
ta	·		Talephone	you a	
	_ 100	0.4	Invoice #		
Work Orde	_{**} E 188	0 4	Acct. #_		American Inc.
REA-104 (3-0	04)	This info	rmation is availal	ble in alternative	formats upon request.

O Printed on recycled paper



GRAVE BLIND CHECK FORM

	Perry		DAVIS		
		х	Reley		
		Nichols	Haynes		
Plind Chock Init		51	Vari-		112
DILLIO CHECK ITH	iated By:	ton	Haria	Date:	11/0
Interment space	e for:	se l	latina		(1)
Interment space	e for:	<u>se.</u>	latencia ime:	(D)	11 8 11 1
Interment space Interment Date: Div: 12 Sec	e for: Se Wad " (i ct:	58e. \ DT V/Row:	latencia ime:	(D)	r: 1
Interment space Interment Date: Div: 12 Sec Grave Laid out Agrees with Leg	e for: Se Wold " [i] ct: BIH by: Jorna	ore. I VRow: _	latencia ime:	(D)	r:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE MANUEL	1C. LAST (FAMILY)	na Maria	2. DATE OF BIRTH	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
5A	JOSE L CITY OF DEATH LA JOLLA TYPED NAME AND AL MAYER MORT	DDRESS OF CALIFORN	IA-FUNERAL DIRECTOR OR PERSON ADAMS AVE., SAN D	ENTER STATE SA ACTING AS SUCH 7B. CAL IEGO, CA —#	TH — OUTSIDE CALIF N DIEGO JE LICENSE NUMBER APPLICABLE	09/08/1955 6. NAME, RELATIONSHIP, FULL MO OF INFORMANT REBECA VALENCIA - 7134 WESTVIEW PL. LEMON GROVE, CA 9	WIFE APT.C	M CODE
_						8A. SIGNATURE OF APPLICANT—FO	BB. DATE	SIGNED
_	ACKNOWLEDGEMENT OF A		mowledge as applicant that the proposed disposition sit is and Safety Code, and was authorized pursuant to Se	scion 7100 of the Health and Safety C	ode.	Jun () the	11/10	3/20
5000	ALEMANITATION OF	THE CALIFORNIA HEALTH	IN ACCORDANCE WITH PROVISIONS OF HAND SAPETY CODE AND IS THE AUTHOR- ON SPECIFIED IN THIS PERMIT. NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	NEW 2020 C 2542 N	11/08/200 T.MITCHE	25 10 3	registrar issuing pe	PMIT
1	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	VITAL RECO	EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA DROS P.O. BOX 8522 CA 92186-5222	A-C		F DISTRICT OF DISPOSITION — N ANOTHER DISTRICT IN CALIFORNIA		
1	A. BURIAL INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	CREMATED REMAINS	OTHER [] DDRESS OF CALIFORNIA CEMETE EMETERY, 3751 MARK , CA 92102	E. TEMPORARY ENVALUE F. DISINTERMENT G. SHIP IN TO CALIFORM D. TRANSIT TO OUTSIDE	# NA	(Name and Abdress)		
LE ITEMS	CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSO	ON IN CHARGE OF CR	REMAT
ALL APPLICABLE ITEMS	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECEIV	ED 13C. SIGNATURE OF PERSO	ON IN CHARGE OF FA	ACILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14C, ADDRESS AND SIGNAT OF PLACING WITH THE		CHARGE .
The second	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T	EAREST POINT ON SHORELINE, OR O IDENTIFY FINAL PLACE AND CAI SEA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITIO	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSO CHARGE OF DISPOSIT		EMAINS DIS-

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-8-04

	DEE
AT	7

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains AMAC BONALD Funeral, date, time Mortuary. Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund Opening/Closing & Setup..... Burial Container... Handling Fees. Flower vases Marker setting fee Recording/Filing/Transfer Fees. Sales taxes MOUNT HOPE CEMETER 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.

E 18805 Invoice #_____

MT HOPE CEMETERY F-18805

GRAVE BLIND CHECK FORM

			Ross			
		MacDa	pld x	Parker	The second secon	
		Hende	rs Boble	Noble		
Blind Chec	space fo	r: 🛓	162 A	, MAC	DONAL	13/7
Interment [Div: 8	Date: _\ Sect:)elive	y Orly .	Time: Lot:	Ay.	D Sr:
Grave Laid						-
Agrees wit	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	X		J No	Flag	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE		IC. LAST (FAMILY)	III EOO I O O O	2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Inez	Inez Alma MacDonald			0971 471 968	11/07/2004 P
5A. CITY OF DEATH		PAIRE OF STREET	90 9	6. NAME, RELATIONSHIP, FULL	MAILING ADDRESS AND ZIP CODE
Loveland		ENTER STATE Col	orado	Dennis A. MacDe	onald (Son)
Featherin	poress of California - Funeral director or Person gill Mortuary: 6322 El Cajor , CA 92115	n Blvd IF AP	LICENSE NUMBER PLICABLE -1083	2115 Eagle Driv Loveland, CO 86 BA SIGNATURE OF APPLICANT	
ACKNOWLEDGEMENT OF A	VPPLICANT I hereby administrating as applicant that the proposed disposition of the Health and Safety Code, and was authorized pursuant to S	stated herein is one of the dispositions auti action 7100 of the Health and Salety Code	orized by Section 103055	M. Dongo	11/29/2004
r Erimin	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT, NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	13.00	11/29/20 M. Domin	guez >	AL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CALIFORNIA	P.O	Box 852	OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CALIFORNIA 22 4 92186-5222	
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS OTHER	E TEMPORARY ENVAULTM F DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O		(Namer and Addres	ENDING — REMAINS LOCATED AT
BURIAL	Mt. Hope Cemetery: 3751 Mg San Diego, CA 92102	erket St.	12-07-0	4 - Wances	Famber 1
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	FORY	12B. DATE CREMA	TED 12C SIGNATURE OF EA	SON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIV	/ED 19C, SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT COWLETE	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGN OF PLACING WITH T	IATURE OF PERSON IN CHARGE HE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A, ADDRESS, NEAREST POINT ON SHORELINE, OF SUFFICIENT TO IDENTIFY FINAL PLACE AND CA IF BURIAL AT SEA, <u>ONLY</u> ENTER LATITUDE AND	DISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	

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



REA-104 (3-04)

MT. HORE GEMETERY -08-04 INTERMENT ORDER

City of San Diego

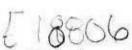
Date 11/8/04

11-08-04-02:			53	
You are hereby authorized and instructed, of Caremen P		es and regulation	ons, to inte	r the remains
of Carefrent	orke	2000	11/1-1	
in a Double Creypt 1	_ Funeral, date, t	time <u>uka</u>	11/10/	64 10:0
Church, Chapel Graveside	;	CAlifo	BENIF	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 70	Grave	
Grave space & Care Fund Overtime/Late Arrival Fees	DAI	n		985
Overtime/Late Arrival Fees	PAI	U	m	44
Opening/Closing & Setup	K 100 17 10 10 10 10 10 10 10 10 10 10 10 10 10			413
Opening/Closing & Setup Burial Container	NUV II O	2004	······································	418-
				352 -
Handling Fees	JNT HOPE (EMETER	Υ	
Recording/Filing/Transfer Fees				50
Sales taxes				324
		Total Due		2250 45
Pá	id receipt number			2250 41
104		Del		0
I hereby certify I am the Analysis and this is your authority of make disposithat I have the right to make this authorization any liability on account of said authorization	n and interment.	niciu Mi. riope	Cemetery	mariniess iroin
I hereby authorize the interment in lot I hold under deed.	Print Name	14215	Thon	ravel nSt.
maria	Z S	an Die a- 465	90 C	A-92105 A9 Zip Code
Work Order # E 18806	Invoice #			~

A Printed on recycled paper

This information is available in alternative formats upon request.





GRAVE BLIND CHECK FORM

		X	COOK		
	ontega	GARCIA			
01	nitiated By: \(\text{Y}\)		200		1/8/04
Interment Date	ect: 2 Blk	.0	Time:(0100	
	it by: Norma	0			
	egal Card; ☐ Y lap: ☐ Yes		Calle A Property of	()a	4
Blind Check	& Verified By:	DAKK	1641	Date:	11-4-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18806

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

1A. NAME OF DECEDENT-FIRST (GIVEN)		18. MIDDLE	1C. LAST (FAMILY)					OF DEATH	4. SEX
CARMEN		-	PONCE	22 - 2 - 2	08722/1957 Y1707/2				
SA. CITY OF DEATH			5B. COUNTY OF DEA ENTER STATE	TH — OUTSIDE CALIF.,	6. NAME	, RELATIONSHIP, FULL FORMANT JOSE R	MAILING AL	DORESS AND	ZIP CODE
SAN DIEGO			SAN DIEGO		2012/2012/10/20	THORN STREET		NOL NO.	Juento
CALIFORNIA	PHENATION	APERURIAL CHAPEL SAN DIEGO, CA 9211	—IP	IF LICENSE NUMBER APPLICABLE	200770	DIEGO, CA 9	100		
JOOU EL CA	anno de la compresentación	SWARE STREET, STREET, STREET, STREET, SWARPS	- 12 FOLD	COURTERING CO	BA. SUBON	ATURE OF APPLICANT-	Pergon taking pe	100	
ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed disposition sta and Safety Code, and was authorized pursuant to Sec			Ce	autille	lusz	11/09	9/2004
PERMI	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. O PRONT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	11/09/20 C.RUSS	004	9C. SIGNATURE OF LOCA ▶ 2418935	AL REGISTRA	A ISSUING PE	BMIT ,
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW DEDUIT TO CLOW FIND	VITAL RECO	GISTRAR OF DISTRICT OF DEATH FOR BOX 85222 CA 92186-5222		DRESS OF REGISTRAN		OF DISPOSITION — ER DISTRICT IN CALIFORNIA			4
10. AUTHORIZED DISPOS	SITION(S) CHECK APPLIC	ABLE ITEMS	- 39			FOR C	ORONOR'S	USE ONLY	
C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	MT. HOPE	DORESS OF CALIFORNIA CEMETER CEMETERY, 3751 MAI O, CA 92102	RKET STREET	300	110 2/ b	C. SIGNATURE OF PER	RSON IN CH	ARGE OF BU	RIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY	120 DATE CHEM	ATED: 12	C. SIGNATURE OF PER	SON IN CH	ARGE OF CF	REMATIC
SCIENTIFIC USE	13A. NAME AND AC	DDRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	13B. DATE RECEI	VED 13	C. SIGNATURE OF PER	RSON IN CH	IARGE OF FA	CILITY
TRANSET		ODRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPP	ED 14	C. ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CA DI EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSITIO	15B. DATE OF NN. DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPO		15D. LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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





MT. HOPE CEMETERY INTERMENT ORDER

City of Shaft + DOBG + 04P02:38 PAID

Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains: Funeral, date, time Church Chapel Graveside reng: 80 AUDS regular work day or an All Funeral cars must arrive t will be applied and billed to undersigned MOUNT HOPE CEM 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..... 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 7h Code Invoice # E 18807

MT HOPE CEMETERY E-18867

GRAVE BLIND CHECK FORM

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

		Gone		
	Enet	x	Baule 1	andru
		y: Rom Pan	7021	レイス
Interme	nt space for:	Johnnie I "Is Time:	Horne	i por
		_ Blk/Row:! Kenneth Cal	^	6
	with Legal Card	d:∌TYes □ No (es □ No	Flag	-

Blind Check & Verified By: Bate Date

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18807 10

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

			0.7			400			-1/-
1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMIL	LY)		2. DATE OF MONTH, DA		TE OF DEATH	4. SEX
Johnnie	40 1101	Ray	Horne	28	32	07/10	/1925 FND 1	±/07/2004	M
5A. CITY OF DEATH		99	58. COUNTY OF		OUTSIDE CALIF. 6	OF INFORMANT	HIP, FULL MAILING	S ADDRESS AN	D ZIP CODE
Braw	lev		E.E.S. 3	Imper	ial	Courtney	Morne, Son	1	
		rtuary, 5050 Feder		B. CALIF, LIC — IF APPL		814 Hickor	ry Court		
	, CA 92102		,			A SIGNATURE OF AF	A 92227		
The second secon	Thankout	owledge as applicant that the proposed disposition sta		PD-13	M- /	A SIGNATURE OF AF	PLICANT—Person taler	All Contracts	
ACKNOWLEDGEMENT OF	APPLICANT of the Health	and Safety Code, and was sufficitized pursuant to Sec	tion 7100 of the Health and	Salisty Code		Jan la	infill		0/2004
PERMIT		ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR-	9A AMOUNT OF FE	EE PAID	98. DATE PERMIT IS		RE OF LOCAL REGIS	TRAR ISSUING P	ERMIT .
AUTHORIZATION OF	ITY FOR THE DISPOSITION	N SPECIFIED IN THIS PERMIT.		1	11/10/200		8 8550		5
LOCAL REGISTRAR		O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	13.00	NE ADDRES	e de begierban de	B. Ca	mpbell		
ANY CHANGE IN DISPOSI-	IF DEATH OCCURE	EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA				ANOTHER DISTRICT IN			8
PERMIT TO SHOW FINAL		ital Records, 925	Broad-	Dept.	of Vital	Records,	P.O. Box 8	35222	
# DISPOSITION		entro, CA 92243	i	San D	iego, CA	92186-5222			
10: AUTHORIZED DISPO		ABLE ITEMS					FOR CORONOR	R'S USE ONLY	
A. BURIAL (INCLUDE	EB ENTOMBMENT)	p v L	E. TEMPORARY E	Service and the	π		POSITION PENDING -	- REMAINS LOCA	ATED AT
B. CREMATION		š L	F. DISINTERMENT	N		1	a and passing		
THAN IN A CEME		JIHER	G. SHIP IN TO CAL		0.004/2014/00/00/00/00	2			
O, SCIENTIFIC USE		L	D, TRANSIT TO OU	UTSIDE OF C	CALIFORNIA				
20.77 North		DRESS OF CALIFORNIA CEMETER			IB. DATE BURIED	11C. SIGNATUR	RE OF PERSON IN	CHARGE OF B	URIAL
BURIAL	A PERSON NAMED OF THE PROPERTY OF THE PARTY	Cemetery, 3751 Mar	Ket Pries		. / . /	1 100		_	10
	The state of the s	, CA 92102			11/15/16	4/11/2	lent.	- all	9/11
9	12A. NAME AND AL	ODRESS OF CALIFORNIA CREMATO	PRY	11	PATE CHEMAT	ED 12C. SIGNATOR	E OF BROWN	STATISE OF O	REMATION
CREMATION						1			
2		5 7.1				>			38
3	13A. NAME AND AL	ODRESS OF CALIFORNIA FACILITY	RECEIVING REMA	UNS 1	38. DATE RECEIVE	D 13C, SIGNATUR	RE OF PERSON IN	CHARGE OF F	ACILITY
SCIENTIFIC									352 35
¥		(100)				>			9
30		DORESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		1	4B. DATE SHIPPED	S. S. Carrett Manager Land Co.	AND SIGNATURE		CHARGE
TRANSIT	nemains on	ONE MAILED FIEMANIS AND TO BE	HILL LD			OF FEACI	NG WITH THE CAN	INEN	
8		Carried Control of the Control of th			Service Court Court	.	amor vacionative considerativa	z. 1040/04/04/05/05	
SCATTERING/BURIAL		AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAID			58, DATE OF DISPOSITION	**************************************	RE OF PERSON IN		E NUMBER OF REMAINS DIS-
AT SEA OF	IF BURIAL AT S	EA, ONLY ENTER LATITUDE AND LO		CHION	DISPUSITION	CHARGE	JE DISPUSITION		APPLICABLE
THAN IN A CEMETER		VICHALI TELLINGER PERSERBINGTEN DIDIESTE VAN GROOT VICES							
Machine Review Andrew		16/11		- 2				ł.	

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

E18807

Mount Hope Cemetery 3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102

TELEPHONE: 264-3151

		STATEME	NT)	
DATE 1	1-19-2004		YOUR ORDE	8807
TO:	COURTNEY HO 814 Hickory Brawley CA	Crt.		_ M _ 2/5
	DESCRIPT	ION OF CHAR	j E	AMOUN
	Late arrival fee service on 11-15 was 3:45. Pleas of receipt.	-2004. You	r arrival time	\$165.00
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			32	

SD MT. HOPE CEMENTERY + RAGSDALE

Chy of San 6000-04P02:38 PA10

AID	190.22

Johnie	Horne
Linar	_ Funeral date, time Mm "US 1'00
of Bond Certains	
Church Chopel) Graveside	Logodola Mortuary
it Funeral cars must arrive before 9:00	p.m. of regular work day or an extra charge of \$
ill be applied and billed to undersigned	
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tecurding/Filing/Trensfer Fees	
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	M/A 1900 30
	Paid receipt number
~	Belance due
hereby certify I son the	of the above named decaden
nd this is your authority to make dispr	gation of remains as above indicated. I certify and represent fastion and I agree to hold bit, Hope Cametery harmless tran
my matricey on acopamical send authoriza	ijan and interment.
IKI	6 Courtney Horne
heraby authoriza the interment in lot i	Park trains
Make Make Starter	814 Hickory Ct.
	Brawley, CA 92227
	(760) 344-9450
	To-priorie
- Comme	
far-	10 Te
= 18807	Involve #

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time FRI. Church Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund Overtime/Late Arrival Fees .. Opening/Closing & Setup. Burial Container..... NOV 1 0 2004 lower vases - Marker setting fee Seconding Filling/Transfer FMOUNT HOPE CEMETER 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 hold under deed Invoice #

REA-104 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY



GRAVE BLIND CHECK FORM

					1 1
		Reid	Early		
		X	Epperl	Y	
		Keith	Smit	'n	
Blind Check Initiat Interment space fo Interment Date:	r Sy	Ivia 1	ByRo		11/9/04
Div: 12 Sect:				102	Gr: 5
Grave Laid out by:	Norma	Leve	<u> </u>		
Agrees with Legal	Card:	Yes [ON C	chi	1 A.
Agrees with Map:	☐ Yes	ON	No	PIC	1 9
Blind Check & Ve	rified By:	DAKKE	3/	Date:	11-13-64

E-18808

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Sylvia	110 1 110 1 140 140	Pearl	Byrd			1170672004 P
A TYPED NAME AND A	ional City DORESS OF CALIFORNI	A - FUNERAL DIRECTOR OR PERSON.	5B. COUNTY OF DEA ENTER STATE San Diego ACTING AS SUCH 7B. CAL	, x		AILING ADDRESS AND ZIP CODE
Preferred (3094 El Caj San Diego,	on Boulevar California	rd Ste A	sted herein is one of the dispositions	FD-1746 S 8A authorized by Section 100055	an Diego. Calife	
renati	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	I ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- I SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAI	98. DATE PERMIT ISSU 11/12/200	14	REGISTRAR ISSUING PERMIT
	PE SATH SCHIRE	GISTRAR OF DISTRICT OF DEATH STATES OF DISTRICT OF DEATH GALLIFORNIA 92186	₽.I	DRESS OF REGISTRAR OF D RISPOSITION IS TO OCCUR IN A	DISTRICT OF DISPOSITION — NOTHER DISTRICT IN CALIFORNIA	
B. CREMATION OF THAN IN A CEME	S ENTOMBMENT) CREMATED REMAINS (E TEMPORARY ENVAUL F DISINTERMENT G. SHIP IN TO CALIFORI D TRANSIT TO OUTSIDE	VIA.	100 miles	RONOR'S USE ONLY ROING — REMAINS LOCATED AT
BURIAL	Mt. Hope	oress of California Cemeter Cemetery of Street San Dieg	total temporatures	11B. DATE BURIED	11C. SIGNATURE OF PERS	ON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA CREMATO	PAY	129 DATE SAEMATE	D 12C. SIGNATURE OF PERS	ON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERS	ON IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		14B, DATE SHIPPED	14C. ADDRESS AND SIGNA OF PLACING WITH TH	TURE OF PERSON IN CHARGE E CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAD EA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERS CHARGE OF DISPOSI	

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

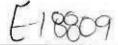
grave of MIX	City of San I	ORDER Diego Date	19/04
You are hereby authorized and in	nstructed, subject to yo	our rules and regulations,	
na Ash Vau	- Funeral	date, time FRI. II	119/04
Type of Burial Contains Church, Chapel Graveside		Featherin	Service Control Service Control
All Funeral cars must arrive befo	re 3:00 p.m. of regular		U
will be applied and billed to unde	narranii S	*	35% SI
Division () Section	Blk/Row	Lot 4200	Srave (
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hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said au	authorization and I ag	ns as above indicated. I ree to hold Mt. Hope Cen	ove named dec certify and repr netery harmless
		Carol Mer	1 100 mg/s

This information is available in alternative formats upon request.

Work Order # E 18809

Invoice #

MT HOPE CEMETERY



GRAVE BLIND CHECK FORM

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			BRUN BER	y		
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Interme Interme Div: <u>I</u> I Grave I Agrees	nt space for the	or: <u>Mara</u> 11/19/0	Ves C	MIX ime:Lot: 4	200 Gr	:_ 1

£18809

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 18. MIDDLE 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR 01/19/1924 11/07/2004 F Mix Margaret May 5A. CITY OF DEATH COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE OF INFORMANT San Diego La Mesa Carol Merino (Daughter) 78. CALIF. LICENSE NUMBER — IF APPLICABLE 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 3802 Conrad Ave. Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115 FD-1083 88. DATE SIGNED 11/09/2004 ACKNOWLEDGEMENT OF APPLICANT BA AMOUNT OF FEE PAID THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF 2418962 PERMIT 11/10/2004 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR 13.00 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT ALITHORIZATION OF M. Dominguez > NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALIFORNA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA MY CHANGE IN DISPOS TRON REQUIRES A NEW DEATH OCCURRED IN CAUFORNIA 0. Box 85222 DISPOSITION San Diego, CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS I. DISPOSITION PENDING - REMAINS LOCATED AT Y A BURIAL (NICLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT ne and Address) X B. CREMATION F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY D. SCIENTIFIC USE G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery: 3751 Market St. BURIAL San Diego, CA 92102 SIGNATURE OF PERSON NO HARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY So. CA Crematory: | 601 D Crane St. CREMATION Lake Elsinore, CA 92530 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B, DATE OF 150 LICENSE NUMBER OF SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. DISPOSITION CREMATED REMAINS DIS CHARGE OF DISPOSITION SCATTERING/BURIAL POSER - IF APPLICABLE IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

TEAN FROM DODG DATE.

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

MT. HOPE CEMETERY

INTERMENT ORDER

	City of San Diego		rolling over
1 John	•	Date	12-04
AT New			
You are hereby authorized and instruct		regulations, to in	ter the remains
or Curtis 1	uoving Sr.	15417	7
in a T. S. Vault	Funeral, date, time	Jus 11	16/100
Church, Chapel, Graveside	$ho : \mathcal{A}$	A PACT	Mortuary.
All Funeral cars must arrive before 3:0	p.m. of regular work day or	an extra cha ge	01\$ 145-
will be applied and billed to undersigne	d,		(42
Division I I Section	Bliv/Row Lo	126 Gra	ve_3
Grave space & Care Fund	E-18031		
Overtime/Late Arrival Fees			
Opening/Closing & Setup	r		
Burlal Container 7 / &	- Vault	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-0
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Flower vases - Marker setting lee	<u> </u>	******************	a the state of
Recording/Filing/Transfer Fees	41		·
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	Paid receipt number E -	18051	0
	, ale toolpt tremoet	Balance due	0
The sale of the sale		. HANNING AND	
I hereby certify I am the and this is your authority to make disp that I have the right to make this autho any liability on account of said authoriz	rization and I agree to hold I	Indicated. I certi	named decedent ly and represent ry harmless from
I hereby authorize the interment in lot I			0
hold under deed.	Print Name		(Ko)
Signature	Address		Cho as
SOURCE	City	W	Zu Zip Code
44.	Telephone	as Lion	100
Pullete 10010	Invoice V	10x por)
Work Order # E 18810	Acct. #	er piop	3
and the second s	2,000,000		

MT HOPE CEMETERY E-18810

GRAVE BLIND CHECK FORM

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

	smilh	W	Wood		
Simpso	١	x		Hactur	
	Coopbell	<u> </u>			
Blind Check Initiat	CARLO CONTRACTOR OF THE PARTY O	Zin_	1	_ Date: _	11/12
nterment space fo			A CONTRACTOR OF THE PARTY OF TH		-
nterment Date:	wes 1	116	Time:	1.00	
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Grave Laid out by	Ken o	Day	d		
Agrees with Legal				Lag 1	n
Anrage with Man	(0			W J.	MIN

Blind Check & Verified By:///

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1.4	NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MI	DOLE	1C. LAST (FAI	WILY)			2. DATE OF BIRTH		OF DEATH	4. SEX
_	Curtia	111 00		-	Moring				MONTH, DAY, YEAR 07/03/1928	11/1	2/2004	M
5/	San Dies	go			5B. COUNTY ENTER STA	ATE .	— OUTSIDE CALIF., Diego	OF IN	RECATIONSHIP FULL FORMANT A MOTING, W		ADDRESS AND	ZIP CODE
74	Anderson-I		rtual	ral director or Person ry, 5050 Feder		7B. CALIF. — IF API		529	Diego. CA	y Lan		SIGNED
	ACKNOWLEDGEMENT OF	APPLICANT I hereby schr of the Health	nowledge as a and Safety C	pplicant that the proposed disposition at ode, and was authorized pursuant to Se	sted herein is one of the clion 7100 of the Health i	depositions auth and Safety Code	orized by Section 103055	R	antant	m	11/1	3/2004
A STATE OF THE PERSON NAMED IN COLUMN 1	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	AND SAFE	ANCE WITH PROVISIONS OF TY CODE AND IS THE AUTHOR- D IN THIS PERMIT. DISPOSAL OUTSIDE OF CALIFORNIA	9A AMOUNT OF	FEE PAID	98. DATE PERMIT	04	9C. SIGNATURE OF LOC.	AL REGISTI		
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	F DEATH OCCURE	ED IN CAL	P OF DISTRICT OF DEATH LIFORNIA P.O. Box 852 92186-5222	-				CT OF DISPOSITION — ER DISTRICT IN CALIFORNIA			
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS	ОТНЕЯ	[[[E. TEMPORARY F. DISINTERMEI G. SHIP IN TO C D. TRANSIT TO	NT ALIFORNIA			L DISPOSITION P (Name and Addres		REMAINS LOCA	TED AT
	BURIAL	11A, NAME AND AL	Ceme	of California Cemetei Lery; 3751 Mar 92102		et	11B. DATE BURIE	11	C. SIGNATURE OF PER	RSON IN C	HARGE OF BL	IRIAL
APPLICABLE ITEMS	CREMATION		-	OF CALIFORNIA CREMAT	ORY		129 DATE GAEM	MED 1	C. SIGNATURE OF PER	ISON IN C	HARGE OF CE	REMATIL
ALL APPLICAB	SCIENTIFIC USE	13A, NAME AND AL	DDRESS	OF CALIFORNIA FACILITY	RECEIVING REM	AAINS	13B, DATE RECEI	VED 1	C. SIGNATURE OF PER	RSON IN C	HARGE OF FA	CILITY
COMPLETE	TRANSIT			IN RECEIVING STATE OR ED REMAINS ARE TO BE		¥Ε	14B. DATE SHIPP	ED 1	OF PLACING WITH			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	DENTI	OINT ON SHORELINE, OR FY FINAL PLACE AND CA I Y ENTER LATITUDE AND L	DISTRICT OF DIS		15B. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPO	50.000.000.000.00	150. LICENSE CREMATED R POSER — IF	EMAINS DIS-

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



P01

C	ity of San Diego
AT Need	Date 11-12-04
A I Nes	Authority on a sign and appropriation to belong the country
of Curtis Mi	subject to your rules and regulations, to inter the remains
of Silving	
In a Type of Burea Officially	Funeral, date, time Tuesday, 11/16/04 @ 1:001
Church, Chapel, Graveside Rethel	AME Church: #100015070 Mortuary
All Funeral care must arrive below 3:00 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
	BURROW Lot 196 Grave 3
Division Section	Bu/Row Col Store S
Grave space & Care Fund	=-18031
Overtime/Late Arrival Fees	The state of the s
Opening/Closing & Setup	
Burlal Container / 18 -	vauct -
Handling Feet	<u>" </u>
Flower values - Nearker setting fee	
Recording/Filing/Transfer Fees	11
Sales faves	
	Total Due
P	old receipt number E - 1.8051
0	A Solance due . C
- Maria	7 900-11
I hereby certify I am the Common dead this is your suthority to make disposit	of the above named decedent
that I have the right to make this authoriza any liability on account or said authorization	Man and I have to haid Mt. Hope Comelery harmiest from
i hereby authorize the interment in lot I	Emma Morine
hold under dass).	5290 Prosperity Lane
	San Diego, CA 92115
	Cu 29 Cost
Pullette E 18810	Trimphers / /KT-9874
July 18810	Invoice #
Work Order	Acct. 1

The information is available in alternative formals upon request

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

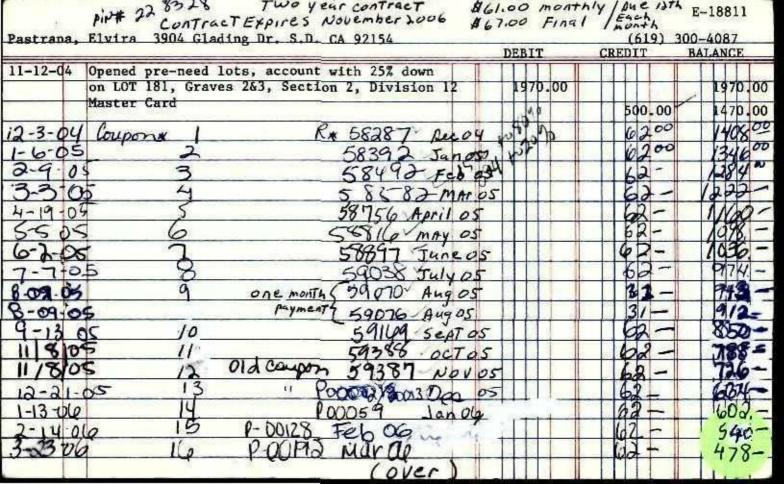
	2	28328		- 1	Date	112/04	
You are h	ereby authorized a	nd instructed	, subject to yo	ur rules and r	egulations,	to inter the rem	ains
of	FOR	61	VIRA	A.	PAS	TRAN	JA
in a	Type of Burlai Conta		Funeral, d	ate, time		1000	
Church, C	Chapel, Graveside	iner.				Mo	rtuary.
All Funer	al cars must arrive	before 3:00 p	.m. of regular	work day or a	n extra cha	rge of \$	-
will be ap	plied and billed to a	undersigned.		XX			
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Handling	Feesses – Marker settir	*******************				(
Flower va	ses – Marker settir	g fee	MUV I Z	2004			
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Sales tax	es			**********		01010	Λ-
6058	od pre-n	0 5 2006	S 1	Ac caed	Oue	11 47 C	2/1
	MOUNT HO	PE CEM	and resolut nur ETER Y	nber	Balance	due 1,47	0
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I hereby a hold unde	uthorize the interm or deed.	ent in lot I) Kar	Name	LAO	PASTRAL NG K 92154	
agnature -	marie	V	The same	(19) E		CONTROL OF THE PROPERTY OF THE	ър Собе

REA-104 (3-04)

Invoice #

O Printed on recycled paper

Work Order # E 18811



Elvira Pastrana E-18811 Tonwarded P- 00519 1 1

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

PRE-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

P 00519

From: Elvia A. Ristrana Address: 5/60 60073- One hundred Six and DD in full payment of faid in hill 1015. Lough Div / Sec 2 Bild Row Lo Invoice No. E 1881/ Acct. No. Stamped PAID" In THIS SPACE.	
in full Payment of Red In July 1015. July Div / Sec 2 Blk/ Row Lo Invoice No. E 1881/ NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE	town 11 c / 91911
Div / Sec 2 BIK/ Row Lo Invoice No. E 1881/ NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE	Dollars (\$ 106,)
Invoice No. E 18811 NOT VALID FOR PURPOSES STATED UNLESS	mo 23+24 - C
OTAMEN PAIN IN THE SPACE	1_181 _ Grave _ 2 4 3.
STAMPED "PAID" IN THIS SPACE	7. T 76
	CREDIT 67007 20% Sales Care 77184
w.o. PAID	Pre-Need 69833 77186
BALANCE DUE	
OCT 8 5 2006	7
☑Pre-Need Lot ☐ Money Order	·
□ Pre-Need Trust □ Charge MOUNT HOPE CEMETER	
AC-212 (11-05) ISSUED BY JAN ITE	TOTAL PAID \$ /06.

	TO CUSTOMER CEMETERY	PRE-NEED MOUNT HOR	IEGO, CALIFORNIA O PURCHASE PE CEMETERY 527-3400	_	00473
From: Elvira A, Pas Sixty-Two	trana Addres	s: <u>On</u>	record -	Dollars (\$	62-
in part Paymer	sec 2	Blk/ Row	Lot 181	K1	2+3
Invoice No E - 1881/ Acct. No. =- W.O BALANCE DUE \$ 10Q. —	STAMPED PAID	PURPOSES STATED IN THIS SPACE.	UNLESS CREDIT 20% Sale Pre-Need Trust	67007 es Care 77184	62-
Pre-Need Lot Mone Pre-Need Trust Charg AC-212 (11-05) This information is systistife in alternative formats	3659 ISSUED BY	Gaulet	TOTAL PA	in s	62-

OFFICIAL RECEIPT	WHITE TO CUST	OMER PRE-NE MOUNT H	N DIEGO, CALIFO ED PURCHAS OPE CEMET 9) 527-3400	SE .	P 00:	379 ∖I
2			Date: _	,		_,20_0
Sixty -	two Pre	-need Lots	record	Doll	ars (\$ <u>6</u> á	2 —
in part Div 12	Sec_2	Blk/ Row_	Lot		Grave2	¥3
Acct. No W.O	INOT	VALID FOR PURPOSES STA MPED "PAID" IN THIS SPACE.		REDIT 670 20% Sales Care 771 Pre-Need 630 Trust 771	184	6d -
BALANCE DUE _	230-	JUL 1 0 200)6		-	
Pre-Need Lot	Money Order	MOUNT HOPE CE	METERY		-	
Pre-Need Trust AC-212 (11-05) This information is available in altern	E Check	JED 8Y	rendzad	OTAL PAID	.	62-

	TO CUSTOMER CEMETERY	PRE-NEED MOUNT HOP (619) 5	PURCHA	SE	Ρί	00431	
From: Elvira A Pash	ang Address	<u>on</u>	Pate:_ Ye Co;	d 8	Dollars (\$ _		αο
in part Payment	of fre-need	d Cot	5 ·	181		243	_
Acet. No. 6. W.O.	NOT VALID FOR I	PURPOSES STATED	UNLESS	CREDIT 20% Sales Care Pre-Need Trusl	67007	6人	
BALANCE DUE	MOUNT	AUG 0 4 2006 THOPE CEM			=		
Pre-Need Trust Charge AC-212 (11-05) This information is available in attemptive formets up	ISSUED BY	paul	late	TOTAL PAID	s	62	_

OFFICIAL RECEIPT	WHITE TO CUST CANARY CEMI	TOMER PRE-NEED	HEGO, CALIFORNIA D PURCHASE PE CEMETERY	PO	0330
From: Elura	A. Pastrana	(619)	527-3400 Date:	6-7	, 20 00
		need lots.	(81	Dollars (\$_	
Div 1 à Invoice No. E - 1	3911 Sec	Row	Lot 101	Grave _	2+3
Acct. No W.O BALANCE DUE	STAI	PAID PAID IN THIS SPACE.	CREDIT 20% Sales C Pre-Need	67007 77184 ————————————————————————————————————	62 -
BALANCE DUE 12 2	Money Order	JUN - 7 200		e 1	
Pre-Need Trust AC-212 (11-05) This information is available in all	□ Charge □ Charge □ Charge	MOUNT HOPE CE	METERY TOTAL PAID	s	6Q -

OFFICIAL RECEIPT	WHITE :	TO CUSTOMER	PRE-NEED MOUNT HOP	PURCHA:	SE	Pί	00273	ATDAZZOS
From El Wis +	A Pastan	Addres	(A)	527-3400 Date; _	5-	-8	, 20	_0
Sixty -two		- D	a ned /	ota		Dollars (\$ (62	
Div 12	Payment of Sec	2	Blk/ Row_	Lot_	181	Grave	243	_
Acct. No W.O BALANCE DUE \$	354-	STAMPED "PAN	R PURPOSES STATED O' IN THIS SPACE.	UNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77164 — 63033 77186 —	62	_
Pre-Need Lot		MOUNT HO!	0 8 2006					
Pre-Need Trust AC-212 (11-05) This information is available in alte	Charge 560	I SOUCE DI	Paulett		TOTAL PAID	s _	62	<i>-</i> -

OFFICIAL RECEIPT	WHITE		PRE-NEED MOUNT HOP	PURCHA E CEME	SE	.P 0	0209	
From: E. Pas	trana	Addres	.W 20	27-3400 Date:	4- d			04
SIV ty - 10	Payment of	Pre-nec	d cots	ø	I	Dollars (\$_6	02-	_
Div_ 12	Sec_	72	Blk/ Row	Lot	181	Grave	2+3	5
Acct. No W.O BALANCE DUE \$ 4	10 -		R PURPOSES STATED OF IN THIS SPACE.)	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	62	_
Pre-Need Lot	☐ Money Order	MOU	APR 0 4 2000			% 		
Pre-Need Trust	Charge		NT HOPE CEN Paulett			_	62	
AC-212 (11-05) This information is evailable in altern			1		TOTAL PAID	s	07	_

	HTE TO CUSTOMER NARY CEMETERY		GO, CALIFORNIA PURCHASE E CEMETERY	P 0	0192
	- (9)	(619) 52	27-3400 Date:	3-23	,2006
Sikty - Two	strara Add	ress: on w	econd	Dollars (\$ _	62
Div 12	yment of <u>Yve</u>	need boto	Lot_18(Grave	243
Acct. No		FOR PURPOSES STATED U	CREDIT 20% Sales Pre-Need Trust	67007 Care 77184 —— 63033 77186	6d -
100 D 100 D	478-	MAR 2 3 2006	68,000.0	-	
Pre-Need Lot	Money Order	DUNT . J. P. C.L.	SETEKNY	4	
The state of the s	Charge ISSUED BY	pcra	TOTAL PAIR		6A -

This information is evallable in alternative formats upon request.

OFFICIAL RECEIPT	WHITE TO CUSTOMER CANARY CEMETERY		PURCHASE CEMETERY	P 001	28
,		access and	Date: 2/14	1	,20 06
From: Elvira Pas		dress: On record	(·		
Birty-two	and ou <		52 E	Dollars (\$ <u>62</u> -	
in Dart	Payment of Pre-no			CONTROL OF A WASHINGTON	
Div 12	Sec2	Blk/ Row	Lot 181	_ Grave _ Z +	3
Acct. No	STAMPEC	PAID FEB 1 4 2006	GREDIT 20% Sales Care Pre-Need Trust	-20133	22 -
Pre-Need Lot Pre-Need Trust AC-212 (11-05) This information is available in alter	Charge Issued B	INT HOPE CEMET Pault FX23	Separation of the separation o	,6	2

OFFICIAL RECEIPT		HASE P	00059
From: Rosa Pastrana/Elvin	(619) 527-3400	., 1/13	, 20 <u>O</u>
Sixty -two and in part Payment of 2	00	each/Co	1013
Invoice No. E-18811 Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID PAID JAN 1 3 2006	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186	67-
Pre-Need Lot	ISSUED BY PLAWFORD	TOTAL PAID \$	62-

OFFICIAL RECEIPT WHITE TO CANARY TO Pastro	MOUNT HOPE CE (619) 527-340	CHASE P 00013
in part Payment of f	re-need BIN	Dollars (\$ 31.7
Invoice No. 6-18011 Acct. No BALANCE DUE \$ (007)	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186
Pre-Need Lot	DEC 2 2 2005 MOUNT HOPE CEMETERY ISSUED BY AUGUST	TOTAL PAID 8 31 -

OFFICIAL RECEIPT WHITE		
From: Elvina Pastrana Andrea	(619) \$27-3400 Date: 12/21 , 20	5
Shorty One C		_)
Div 12 Sec 2	Blk/ Lot Bl Grave 243	
Acct, No	D FOR PURPOSES STATED LINLESS CREDIT 67007 20% Sales Care 77184 Pre-Need 63033	_
BALANCE DUE	DEC 2 2 2005	
Pre-Need Lot	MOUNT HOPE CEMETERY	
Pre-Need Trust Charge Charge Charge Charge ISSUED 8 AC-212 (11-05) This information is equilable in alternative formats upon request.	BY Culette TOTAL PAID \$ 31 -	_

FICIAL RECEIPT		CITY OF SAN DIEGO, CALIFORNIA	
600	WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR	MOUNT HOPE CEMETER?	

R-59388	1 .
~	out
6	pt ()

	(619) 527-3400 Date	: November	9 ,2005
From: Elvira A. Pastrana Sixty - two and a		Dollars (\$ 62
in Part Payment of L	re-need (5) = Row s	Section 2	Division 12
Invoice No. <u>E-18811</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPEAD	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184	
W.O \$ 788,	NOV 0 8 2005	Opening/ 100 Closing 77181 - Burial 100 Containers 77182 - 100	
Pre-Need Lot N At Need 1 1 On Acct 1		Pre-Need 63033 Trust 77186	62 -
Pre-need Trust Cash Check AC-212 (Rev. 10-02) This information is available in alternative formats upon requ	ISSUED BY PULLED.	Sales Tax 60101 78390 - TOTAL PAID \$ -	62 -

7

CITY OF SAN DIEGO, CALIFORNIA WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

- 59387	1
(p)	10
•	V

	(619) 52	27-3400	820
From: El Vira A. Best rana	_ Address: On re	cord	ember 9,20 05
Sixty-two and or		Dolla	rs (\$ 62.00)
in part Payment of free-	need (pts. 2 +3 Row	Section 2	Division 12
	PAIN	ONLESS CREDIT 6700 20% Sales Care 7718 80% Sales 10 of Lots 7718 Opening 10 Closing 7718 Burial 10 Containers 7718	
	MOUNTHOPEL DEOBY PAWEHC	Handling Fee 7718 Recording & 10 Misc, Fees 7718	6200

OFF	FICIAL RECEIPT
	150

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CÉMETERY (619) 527-3400 59169

E1881

From: ElVINA Pastnava Sukty Dwo and		Date: Sep Lectord	Dollars (\$	62-1
in Payro Payment of	2 Blk/ Row_	Lot 181	Grave	243
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 4-04)	PAID SEP 1 2 2005 MOUNT HOPE CEMETER ISSUED FOR PURPOSES STATED UNLES STAMPED *PAID* IN THIS SPACE.	CREDIT 20% Sales Ca 80% Sales of Lots Opening/ Closing Burfal Containers Handling Fee Recording &	67007 re 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 — 63033 77186 — 60101 78390 —	62 -

From: Eline A Pastran	a Addre	or	Date:	The Review	لإا	, 20 Q 5
Shirtyan marked or	2 _	The state of the s	7000		Dollars (\$ _	31
in part 60 Payment of Div 12 Sec	2	Blk/ Row	Lot	181	Grave	243
Invoice No E - 18811 Acct. No	STAMPED "PA	PURPOSES STATED ID IN THIS SPACE. DA 1	UNLESS	CREDIT 20% Sales Can 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording &	67007 3 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —	31.00
Pre-Need Lot X At Need On Acc Pre-need Trust Cash Check AC-212 (Rev. 4-81) Checko 500 4 /	MOGNAL	O Crawfork	Y	Misc, Fees Pre-Need Trust Sales Tax	77183 — 63033 77186 — 60101 78390 —	3×00-

CITY OF SAN DIEGO, CALIFORNIÁ

WHITE TO CUSTOMER

CANARY CEMETERY

59076

From: Popa Partnery	Date:	· 8 12 .2005
Thuty - One		Dollars (\$ _3/—
Div 12 Payment of 1	Pre-need with Blik Lot	1 181 Grave 2+3
Invoice No E - 168 11 Acct. No W.O	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181
BALANCE DUE \$912	AUG ' 9 2005	Burial 100 Containers 77182 100 Handling Fee 77185 Recording & 100
Pre-Need Lot X At Need On Acct	MOUNT HOPE CEMETERY	Misc. Fees 77183 ————————————————————————————————————
Pre-need Trust Cash Check AC-212 (Rev. 4-04) 1771 This information is available in alternative formats upon reques	ISSUED BY Parties	Sales Tax 60101 78390 TOTAL PAID \$ 31.

Sixtu- two

From:

Div 12

Invoice No.

Acct. No.

WHITE TO CUSTOMER CANARY CEMETERY

Sec 2

CITY OF SAN DIEGO, CALIFORNIA

59038

MOUNT HOPE CEMETERY (619) 527-3400

on record

JUL 0 7 2005

Blk/ Row

NOT VALID FOR PURPOSES STATED UNLESS

MOUNT HOPE ...

ISSUED BY DOWNSON

STAMPED "PAID" IN THIS SPACE.

Address:

Date:

Lot

C ENTER A			
	1-7		20 05
	Dollars (6a)
181	_ Grav	<u> 283</u>	
CREDIT	67007	4	,
20% Sales Care 80% Sales	77184 -		
of Lots	77184 -		- d
Opening/	100		
Clasing	77181 -		
Burial	100		
Containers	77182 -		-
Unadian Tax	100 77185 -		
Handling Fee Recording &	100		3
Misc. Fees	77183 -		
Pre-Need	63033		
Trust	77186 -		-
Sales Tax	60101 78390 -		
TOTAL PAID	\$ _	6	1.

BALANCE DUE	974.0	<u>D</u>
Pre-Need Lot	At Need □	On Acct
Pre-need Trust	Cash	Check X
AC-212 (Rev. 4-04) This information is available	e in alternative for	5598 mats upon reques

E-1981

E. A. Patrona

Payment of



WHITE TO CUSTOMER CANARY CEMETERY

From: Elvira A. Ristrana Address: On re	Date: (p/a	, 20 05
Slicty-Two in Part Payment of Pre-need to	Dollars (\$ _	(a)
Div 12 Sec 2 Blk/ Row		2:3
Acct. No. PAID NOT VALID FOR PURPOSES STAT STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184	62 -
W.O	Closing 77181 ——	
Pre-Need Lot X At Need On Acct MOUNT HOPE CE	Recording & 100 Misc. Fees 77183 — Pre-Need 63033	
AC-212 (Rev. 4-04) 5595 ISSUED BY	78390 — TOTAL PAID \$	62 -

CITY OF SAN DIEGO, CALIFORNIA

58816

MOUNT HOPE CEMETERY

		, (610)		nl.	6	220	~ · ~
From: Elvera A. Pastra	MA Address	on see	Date:_ Lord	May	.)	, 20 9	25
Sixty-Duo C			Y		Dollars (\$ _E	,a-)
in faut Payment of Div1 A Sec	Pre-ne 2	ed lots Blk/ Row	Lot _	181		213	
Invoice No. <u>E-18811</u> Acct. No W.O BALANCE DUE 109 8, UD	STAMPED "PAID"	PURPOSES STATED IN THIS SPACE.		CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	100 77184 ——— 100 77181 ———	62	=
Pre-Need Lot At Need On Acct	MAY	0 5 2005		Containers Handling Fee Recording & Misc. Fees Pre-Need	77182 ——— 100 77185 ——— 100 77183 ——— 63033		
Pre-need Trust Cash Check)	/	OPE SEMET	0	Trust Sales Tax TOTAL PAID	77186 ——— 60101 78390 ———	6 2 .	~

WHITE TO CUSTOMER CANARY CEMETERY

		Date:	4/19	,2005
From: Quna Pastrana	Address: ON 1	eand	Dollars (\$ U	
in Part Payment of	Pre-need Co	6. Lot_181	Grave $\overset{\sim}{\simeq}$	
Acct. No	NOT VALID FOR PURPOSES STATED USTAMPED "PAID" IN THIS SPACE	CREDIT	67007 ure 77184 100 77184	62 -
W.O	APR 1 9 200	Closing Burial Containers Handling Fee	77161 ——————————————————————————————————	
Pre-Need Loty At Need On Acct	MOUNT HOPE CE	METERY Misc. Fees Pre-Need Trust Sales Tax	77183 ————————————————————————————————————	
AC212 (Rev. 4-04) 558	ISSUED BY LUW OLD	TOTAL PAID	\$	(2 —

CITY OF SAN DIEGO, CALIFORNIA

58582

- W 1 - W - T - W - T - W - T - W - T - W - W		Date:	VCC C	
From: Elvira Postrano	Address: On	record ,		\rightarrow
From: Elvira postrano	0		Dollars (\$ _	62-1
in DOVT Payment of P	re-need lots			
Div 12 Sec	Sik/ Row	Lot181	Grave _	213
Invoice No. E - 18611	NOT VALID FOR PURPOSES STATED UP	NLESS	67007	- H
Acct. No.	PAID	20% Sales Cere 80% Sales of Lots	77184 —— 100 77184 ——	62 -
W.O	FAID	Opening/ Closing	100 77181	
BALANCE DUE \$ 1222.00	MAR 0 3 2005	Burtal Containers	77182 100	
	AGNATIVATIVE SEE AND THE	Handling Fee Recording & Misc. Fees	77185 100 77183	
Pre-Need Lot At Need □ On Acct □	MOUNT HOPE CEMET	ERY Pre-Need Trust	63033 77186	
Pre-need Trust ☐ Cash ☐ Check ✓	ISSUED BY Dawy	Sales Tax	60101 78390 ——	
AC-212 (Rev. 4-04) 5584		TOTAL PAID	\$	09 -

CITY OF SAN DIEGO, CALIFORNIA

58492

WHITE TO CUSTOMER CANARY CEMETERY

MOUNT HOPE CEMETERY

		(019) 5	21-3400		11(6)20		
From: Elvia Pastro	My Address:	1974	Date:_	10040	(D	, 20	16
SIKLY DWO	Address.				Dollars (\$	62-	>
in Policy Payment of Div Sec	- 2 - N	BIN Row_	Lot _	181	Grave	243	- 3
Invoice No E - 18911 Acct. No. -	NOT VALID FOR PUI STAMPED "PAID" IN	THIS SPACE.		CREDIT 20% Sales Car 80% Sales of Lots	67007 re 77184 — 100 77184 —	62	
W.O	aD .	PAID B - 8 2005		Opening/ Closing Bunal Containers Handling Fee Recording &	77181 — 100 77182 — 100 77182 — 100 77185 —		
Pre-Need Lot At Need □ On Acct Pre-need Trust □ Cash □ Check	×	OPE CEME	TERY	Misc. Fees Pre-Need Trust Sales Tax	77183 — 63033 77186 — 60101 78390 —		
AC-212 (Rev. 4-04) 5557 9	ISSUED BY	crowy	grap .	TOTAL PAID	\$	62	-

OFFICIAL RECEIPT

WHITE TO CUSTOMER

CITY OF SAN DIEGO, CALIFORNIA

58392 V

	(619) 527-3400	EIENT	30372
From: Elvis a Pasts	and Address: 3904 Sla	dong or s	,20 <u>05</u> SD. 92154
in part Payment of	pre-need lot	Dollars (\$	- 62 -) 2 8 3
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 — Opening/ 100	02 -
BALANCE DUE 1346	JAN - 6 2005	Closing 77181 — Buriel 100 Containers 77182 — 100 Handling Fee 77185 — Recording & 100	
Pre-Need Lot At Need On Acci	100 AS	Misc. Fees 77183 — Pre-Need 63033 Trust 77186 — Sales Tax 60101 78390 —	
AC-212 (Rev. 4-04) 557 This information is available in alternative formats upon re	101	TOTAL PAID \$	62 -

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA WHITE TO CUSTOMER 58287 MOUNT HOPE CEMETERY CANARY CEMETERY (619) 527-3400 Date: 100 Dollars (\$ nega BIK/ 213 Row Div Sec NOT VALID FOR PURPOSES STATED UNLESS Invoice No. 67007 CREDIT STAMPED "PAID" IN THIS SPACE. 20% Sales Care 77184 Acct. No. 3 62 00 80% Sales 100 77184 of Lots W.O. Opening/ 100 77181 Closing BALANCE DUE 1408 Burial DEC - 3 2004 77182 Containers 100 77185 Handling Fee 100 Recording & Misc. Fees 77183 Pre-Need Lot X At Need MOUNT HOPE CEMETERY On Acct 63033 Pre-Need 77186 Trust Spies Tex 60101 Pre-need Trust Check X Cash 00 AC-212 (Rev. 4-04) TOTAL PAID

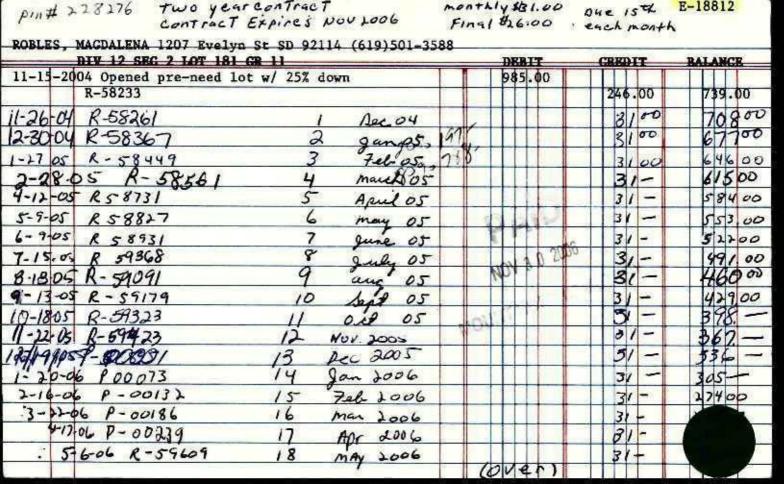
This information is available in alternative formats upon reque

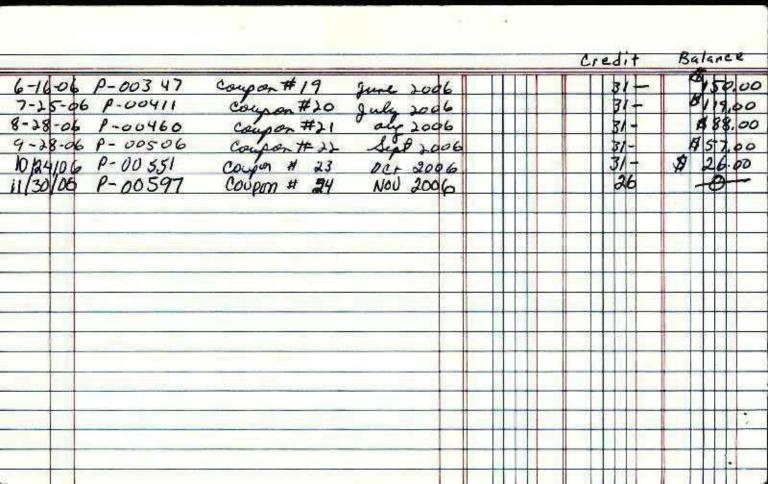
Projued

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego 11-15-04A11:26 RCVD Date

or <u>Macdalena</u>	Lodes	
ina J	Funeral, date, time	
Type of Burial Conteiner Church, Chapel, Graveside	4	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.		
	Blk/Row Lot Lot [8]	
Grave space & Care Fund		<u> 485</u>
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.
P	aid receipt number $k-582$	33 246-
49 <u>49</u>		ance due 739 -
I hereby certify I am the Se	le at the	above named deceden
and this is your authority to make dispos	ition of remains as above indicated	d. I certify and represent
that I have the right to make this authorization in the country of eccount of said authorizations.	on and interment.	Cemetery narmiess from
(R)	Rugadales	1 Robles
I hereby authorize the interment in lot I hold under deed.	Print Name	L A PODICS
	Address	a L. Robles Lyn. St 0. Ca 9211 3588 2000
Signature	Sandieg	0, Ca 7211
tan_	(614-501)	588
	/ restrore	
-19913	Invoice #	

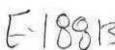




INTERMENTS OF DER 43 PAT

aro I L.	ELIMEN 1200 TOPE 143 PAID	
grand L.o.	City of San Diego	
~~	Date 11-13	.04
	11-15-04P02:44 PAID	
트리스 TOTAL TIPE (TOTAL TOTAL T	cted, subject to your rules and regulations, to in	ter the remains
of Marjone N	aomi Brakway 8 2	28388
ina ASH VA LLT	Funeral, date, time Thur Or	9th 1:00
Church, Chapel, Graveside	mess Family	Mortuary.
All Funeral cars must arrive before 3:	00 p.m. of regular work day or an extra charge of	of \$
will be applied and billed to undersign	ned.	4 -
100 Miles		13.
Division 12 Section 2	Blk/RowLot25_Grav	,, T
Grave space & Care Fund	D-79 63	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		116.00
Burlal Container		61.00
Handling Fees.	PAID	66.00
Marker cetting too		=
Recording/Filling/Transfer Fees	NOV 1 5 2004	50.00
Sales taxes		4.73
MOUN	T HOPE CEMETERY	297.7
	Paid receipt number R-58235	THE PERSON NAMED IN COLUMN TWO IS NOT
		-
E) (Balance due	
I hereby certify I am the Corp Canada this is your authority to make dis	position of remains as above indicated. I certif	amed decedent y and represent
that I have the right to make this auth any liability on account of said authori	orization and I agree to hold Mt. Hope Cemeter	y harmless from
	MARFINAL.	MT
I hereby authorize the interment in lot hold upder deed.	Pront Marina	
ALE a dlaw	4610 SESSIE	
Signature	LA MESACA.	91941
este	619-460-884	9
pawlette 10017	Telephone 1-858 -494 -9	353
' - IXXIA	Invoice #	
Work Order # E .10013	Acct. #	
August Olympia		50000000000000000000000000000000000000





GRAVE BLIND CHECK FORM

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

			Woodsm	wrodso	Hawkins	
			x			Norris
in the second					Vedrio	
Interment s	pace for	: Mar	jorie	<u>ん</u> . B ime:	100 K	say
Interment D						100000
Div: 12	Sect:_	<u>ک</u> BI	k/Row:	Lot: '		r: <u>7</u>
Div: <u>12</u> Grave Laid	Sect:_	Norm	k/Row:	Lot: '		r: <u>7</u>
Interment Div: 12 Grave Laid Agrees with	Sect:_ l out by: n Legal (_2BII 	k/Row: ~a { Yes [Lot:		r. <u>7</u>

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

58235

			Date: NOVer	nber	15,20 00
From: M+M Tree Con	trol Address	PO BOX 8	7509 50	CA	4 2138.79
Iwo Hundred	Min-dy Sever	1 Cind 73/		Dollars (\$_	247.73
n Full Payme	int of Cremains	Service of	Marjoria	e N	Brock won
oiv_12	Sec	Blk/ Row	Lot_ 25	_ Grave	7
nvoice No. E - 18813_	NOT VALID FOR	PURPOSES STATED UNLES	CREDIT	67007	4-
Acct. No.	V-08/04/2011 (1009/17/08/09)		20% Sales Care 80% Sales	77184 — 100	
v.o		PAID	of Lots Opening/ Clasing	77184 — 100 77181 —	116 00
ALANCE DUE	NO	W 1 5 2004	Burial Containers	77182 —	6100
		200 ETTONOJUNETYS V	Handling Fee Recording &	77185	2000
Α	On Acct MOUNT H	OPE CEMETER	Misc. Fees Pre-Need Trust	77183 —— 63033 77186 ——	
Pre-need Trust ☐ Cash ☐	Check A	rautord	Sales Tax	60101 76390 ——	4173
C-212 (Rev. 4-04) Tus information is available in ellemetive format	1431	()-,4	TOTAL PAID	s	241113

E-18813

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NT-FIRST (GIVEN)	1B. MIDOLE	IC. LAST (FAMIL	7.00	2. DATE OF BIRTH 3. DATE OF DEATH 4.
MARJORIE			BROCKWAY		09/21/1914 11/17/1997 1
SAN DIEGO			BE. COUNTY OF ENTER STATE	SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CO OF INFORMANT MARTIN A. METZGER — EXECUTOR
BEARDSKEY-	MITCHELL F	A FUNERAL DIRECTOR OR I UNERAL HOME .VD SAN DIEGO	PERSON ACTING AS SUCH 75	CALIF, LICENSE NUMBER —IF APPLICABLE FD816	4610 JESSIE AVENUE LA MESA, CA 91941 8A SIGNATURE OF APPLICANT—PERSON DARGE SAFENI, 8B. DATE SIG
ACKNOWLEDGMENT OF A	not present 1 hereby 1	classising as applicant that the pro-	peeed disposition stated herein is one was authorized parament to Section 711	of the dispositions authorized by	11/08/2
PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN THE CALLED AND IS THE AUTHORY IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SP 0 MONT OF DISPOSAL OUTSIDE OF CA	PROVI- CODE CODE \$13.00		MINISTER AND AND AND AND AND AND AND AND AND AND
TY CHANGE IN DISPOSI- ON REGURES A NEW BANT TO SHOW FINAL DISPOSITION.	P.O.BOX 8	GISTRAR OF DISTRICT OF D IN CAUFORNA 5222 , CA 92186-522	1		R OF DISTRICT OF DISPOSITION— OUR IN ANOTHER DISTRICT IN CALIFORNIA
AUTHORIZED DISP	OSITION(S) CHECK A				FOR CORONER'S USE ONLY
B. CREMATION	DES ENTOMBRENT)	1000	TEMPORARY DISINTERMEN		I. DISPOSITION PENDING—REMAINS LOCATI
B. CREMATION	OF CREMATED REMEMETERY SE 11A. NAME AND AI MT HOPE 3751 MAR	AINS OTHER DORESS OF CALIFORNIA C	G. SHIP IN TO C.	r F	(Name and Address)
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMEMETERY SE 11A. NAME AND AI MT HOPE 3751 HAR SAN DIEG	AINS OTHER DORESS OF CALIFORNIA C	G. SHIP IN TO C. H. TRANSIT TO C. CEMETERY	T ALIFORNIA DUTSIDE OF CALIFORNIA	ED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIA
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMEMETERY SE 11A. NAME AND AI MT HOPE 3751 HAR SAN DIEG 12A. NAME AND AI	ODRESS OF CALIFORNIA (CEMETERY KET STREET O, CA 92102 ODRESS OF CALIFORNIA (G. SHIP IN TO C. H. TRANSIT TO C. CEMETERY	ALIFORNIA DUTSIDE OF CALIFORNIA 11B. DATE BURN 12B. DATE GREMA	ED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIA
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	OF CREMATED REMEMETERY SE 11A. NAME AND AI MT HOPE 3751 HAR SAN DIEG 12A. NAME AND AI 13A. NAME AND AI	ODRESS OF CALIFORNIA OF CAMETERY KET STREET O, CA 92102 DDRESS OF CALIFORNIA OF CALIFO	G. SHIP IN TO C. G. SHIP IN TO C. H. TRANSIT TO C. CEMETERY CREMATORY CACILITY RECEIVING REMAIN	ALIFORNIA DUTSIDE OF CALIFORNIA 11B. DATE BURN 12B. DATE GREMA	ED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIA ATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT EIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

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

A	
VT V	
/10	HOPE CEMETERY
A UUT MORE INTER	MENT ORDER
Co Legion Co	ty of Şan Diego
Add is to come	11-16-04A11:00 FA10
Howard &C	17.70%
You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
or John Pa	4ne 8 228359.
ina Ash vault	Funeral, date, time Tues Nov 30 2.3
Church, Chapet Graveside	: Selephone Mortuary
	n. of regular work day or an extra charge of \$
CONTRACTOR CONTRACTOR DE LOS COMPUSADOS DE LOS CONTRACTORS DE LOS CONT	
will be applied and billed to undersigned.	3
Division 11 Section 1	Blik/Row Lot 74 Grave 8 _
	,,,,,,
Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	PAID 154
Burial Container	1 AID 81-
Handling Fees	88 T
Flower vases - Marker setting fee	184-
Recording Filing/Transfer Fees	
Sales laxes	ON HOPE CEMETERY 6.38
Udibo IEAGo	Total Due LOIS . 2
	id receipt number & 58237 1018.38
Pa	
1 414 /	Balance due
I hereby certify I am the and this is your authority to make disposit	of the above named decedention of remains as above indicated. I certify and represent
that I have the right to make this authorization any lightility on account of said authorization	tion and I agree to hold Mt. Hope Cemetery harmless from
(NR)	. 1 0
I hereby authorize the interment in lot I hold under deed.	X LOSEPHINE A PAINE
nou ando doda.	X 62 COOLE LIAIRIA AVE
Signature	CHOLA VISTA CAMMIO
Ya	1619-420-4530
7000	Timephone
- 4004	Invoice #
Work Order # E 18814	Acct. #
PRA INCOME.	remation is qualishin in alternative formats upon requise

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MT HOPE CEMETERY

E18814

GRAVE BLIND CHECK FORM

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

			- 1			6 6
			X			
nterment	space for Date: \(\frac{1}{2} \) Sect: _	13010	00 - 04 T	Payr ime:	_ Date:	er: 8
Grave La	id out by:	Ken Card: d	and 1 Yes [Davig J No		7
Agrees w	ith Map: (eck & Ver	Yes Yes	MSa	lo M	Date	17.26 0

E 18814

Lenn	PACTER OF SEPARATION	NORT OF FERINA	TINU FRA	A VIIIF		DEPARTE	C 1	00.1	
	HONGRASIE IN ARM	PORT OF SEPARA ED FORCES OF TH	IE UNITED	STATES		27/	P	VRMY	
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Z	PAYNE JOHN BICHARD	[EP1	8 24	3 968	CPL		3,40651	I ERG	
ND	S. QUALIFICATIONS SPECIALTY NUMBER OR SYMBOL BELATED CITILIAN OCCUPATION AND D.O.T. HU	ANCO	-	gay MONTH		The state of the s	- 34/43/10/13	EPPARATION CT	10
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	13. REGISTERED 14. BELECTIVE BE	RAICE FOCUT BOYER	NUMBER (C	ity, County,	100 4 3			15. INDUCTED	
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- 15	19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE	20. HC	ME ADDRESS	AT TIME OF ENT	RY INTO AC	TIVE SERV)., County, Ci	ty and State)
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1	STATEMENT OF SERVICE FOR PAY PURFOSES	-	A. YEA		1	28. ENL		LINCE PAUD ON EXT	
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- C	22. NET SERVICE COMPLETED FOR PAY SURPRISES THIS PERIOD		1	0	28				
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ATA	E7. DECORATIONS, MEDALS, BADGES. COMMERCIATIONS, CITATIONS AND CAMPAIG	N. STORONS ASSEDS:	DE AUTHOR	11240					
80	NO! E	周							
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- 3	7102 0117 3313. 1				- 37				
1	30. SERVICE SCHOOLS OR COLLEGES. COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	(From-T	0)	348	TOR COURSE	1	SI, SERVICE T	FRAIRING COURSE	S SUCCESSFULLY
N 97				1	X:		110) PE	
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				1			700 77		
	GOVERNMENT INSURANCE INFORMATION: If premium is not a payable to the Treasurer of the United States, Forward payments for jurial/etion of area in which you maintain your mailing address for involvence Administration, Washington 25, D. C. When making insurar solicy number(s), if known.	nisi when due, or National Service	within the	irty-one days	thereafter.	Insuran Unit. V	cs will lages.	Make checks o	r money orders
AND	jurisdiction of area in which you maintain your maifing address for in Veterana Administration, Washington 25, D. C. When making insurar million number(a), if known.	surance purposes. Ice payments be i	Ferward a	ayments for U 6 full mame a	ntted Stat	address	for Insurance	purposes, serv	ice number and
PE	32. KIND OF INSURANCE (GMOUNT and premium due each month)		33. MONTH	ALLOTHERY DIS	CONTINUED			EXT PREMIUM DU	
RA	10,000 (15.45)							PL 25	
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			I se wore	AND ADDRESS OF		100 0000	\$2. E. (φ.Δ	
5	AL BARES OF LAST CIVILIAN EMPLOYMENT, AZ. MAIN CIVILIAN OCCUPATO	- ^	Tay Auton		Com	7			
PA .	44. UNITED STATES CITIZEN 45. MARITAL STATUS 46. MON-SERV	TICE EDUCATION (Y	ears succ	essiully com;	(betelq	1 12		(F 1)	9
N.	YES MG GRAE- HEGH	COL. DEGREE	t (S)		N	AJOR COU	ESE OR FIELD	6	Υ.
PERSONAL DATA		27 L 29 C 28 L	10.15		- 1	à n	7)	- 1	1
믮	47. PERMAHENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.	and the state of t	718-0-13-	te) (. sie	ATURTOF	PERSON B	EINE SPOTATE		
- 27	5 E 18 (20)		83	1	1/		0	100	
	2004 - 2004 - 100					20 4		TAR AL	10 to 100

INDIVIDUAL'S COPY (TO BE DELIVERED TO THE INDIVIDUAL BEING SEPARATED)

DD FORM 214

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87

	(40)特工作的	USE BLACK I	NK ONLY — MAH	CE NO ERASURES	, WHITEOUTS OR OT	THER ALTERATIONS		
Jacobs San Company	100	T (GIVEN) = 18. MIDDLE	7	1		2. DATE OF BIRTH MONTH, DAY, YEAR 11/30/1917	3. DATE OF DEATH	4. SEX
SA CITY OF DEATH		RICHAR	A CALL STATE OF THE STATE OF TH	5B. COUNTY OF DE	AN DIEGO	6. NAME, RELATIONSHIP, FULL OF INFORMANT JOSEPHINE PAYN		Charles Contract
7A TYPED NAME AND A TELOPHAS CENTER	E CREM	CALIFORNIA - FUNERAL DIRE LATION SOCIETY-	CTOR OR PERSON A	CTING AS SUCH 78. C	ALIF. LICENSE NUMBER IF APPLICABLE	62 CORTE MARIA CHULA VISTA, C. BA SIGNATURE OF APPLICANT-	AVE. A 91910	E SIGNED
ACKNOWLEDGEMENT OF	APPLICANT	I hereby acknowledge as applicant that of the Health and Salety Code, and we	the proposed disposition sta a sufficited pursuant to Sec	10 march 1 mar		S pipual ?	^	17/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFOR	T IS ISSUED IN ACCORDANCE WITH PRINA HEALTH AND SAFETY CODE. E DISPOSITION SPECIFIED IN THIS ERNIT GIVES NO RIGHT OF DISPOSAL C	H PROVISIONS OF AND IS THE AUTHOR- PERMIT.	\$13.00		2419675	AL REGISTRAR ISSUING PI	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDSPO BOX 85222 SAN DIEGO, CA 92186-5222							
10. AUTHORIZED DISPO		HECK APPLICABLE ITEMS				FOR C	ORONOR'S USE ONLY	
A. BURIAL (INCLUDENCE OF THAN IN A CEMIL D. SCIENTIFIC USE	F CREMATED	O REMAINS OTHER		E. TEMPORARY ENVAI F. DISINTERMENT G. SHIP IN TO CALIFO D. TRANSIT TO OUTSI	RNIA	DISPOSITION P	PENDING — PEMAINS LOCA	TED AT
BURIAL	MOU	ME AND ADDRESS OF CALIF UNT HOPE CEMET AN DIEGO, CA	ERY 3751 92102	MARKET ST.	118. DATE BURIED	11C. SIGNATURE OF PER	ASON IN CHARGE OF BU	LIRIAL C
CREMATION	LENEDA INC., 14065 HWY 8 BUSINESS EL CAJON, CA 92021			128 DATE CREMA	TED: 12C SIGNATURE OF PER	BOON IN CHARGE OF C	REMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				138. DATE RECEIV	ED 186. SIGNATURE OF PER	RSON IN CHARGE OF FA	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148, DATE SHIPPE	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING/BURIAL	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 RRY				ISB. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	CONTROL OF THE PARTY OF THE SAME	ENUMBER OF SEMAINS DIS- APPLICABLE

Atud •

MT. HOPE CEMETERY INTERMENT ORDER

City of Sag Diego U1:19 KCVD

	Date	
You are hereby authorized and ins	structed, subject to your rules and regulations, to in	ter the remains
ina TSVault	Funeral, date, time Turks, No	123 116
Type of Burlat Container Church Chapel, Graveside	CA Burio	Mortuary.
All Funeral cars must arrive before	e 3:00 p.m. of regular work day or an extra charge	of \$
will be applied and billed to under	signed.	
Division Section	2 BIK/Row Lot 182 Gra	ve_[
		400
	BAIR	" TU3 -
Opening/Closing & Setup	207	300-
Burlal Container		-901-
	NOV 1 7 2004	004
Flower vases - Marker setting fee	MOUNT HOPE CEMETERY	50-
Sales taxes		16.30
	Paid receipt number VISA Card	1833.20
2/2	Balance du	0
that I have the right to make this any liability on account of said aut I hereby authorize the interment in hold under deed.	e disposition of remains as above indicated. I certi authorization and I agree to hold Mt. Hope Cemete thorization and interment. In Iol I S S Anni Name F. Hi	ny harmless from
Fan_ Parish Work Order # E 1881	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
REA-104 (3-04)	This information is available in atternative forma-	is upon request.

MT HOPE CEMETERY [19915

GRAVE BLIND CHECK FORM

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

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	-	Tudmon				
	18 levins	Smtth	х -	Fishche	mc Dania	s «¥—=316)
+	* 1	chan			Chreno	(<u>)</u>
-						
Blind Che	eck Initiate	ed By:	aute:	He_	_ Date: <u> </u>	1/22
					ngley	
Interment	Date: V	-23		ime:	ues	('DO)
Div: 12	_ Sect:_	2 BI	dRow:	Lot:	182- Gr	:
Grave La	id out by:	Jorna	m fe	~~~		
Agrees w	ith Legal	Card; 🛛	Yes [J No	Flag	
Agrees w	ith Map: I	∃ Yes		lo ol	, ,	
Blind Che	eck & Ver	ified By:_	DARK	Ey/	Date:_(1-27-08

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

£ 18815

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

14	NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C LAST (FAMILY)		The surveyor	2 DATE OF BIRTH		OF DEATH	4. SEX
145	DENISE		D	LANGLEY	750 PC - 51-407 CONWAS ON BO	- S-GEOGGIUTTA	11/05/1965	11/	472004	
54	SAN DIEGO			5B. COUNTY OF DE	ATH — OUTSIDE CALIF	OF IN	RELATIONSHIP, FULL M	HILL	-SISCE	ZIP CODE
7/	CALIFORNI	DORESS OF GALIFORNI A. CREMATION AJON BLVD.	A-FUNERAL DIRECTOR OR PERSON A & BURIAL SAN DIEGO CA 9211	-1	LIF. LICENSE NUMBER APPLICABLE 1—1357	CHUL	MERKS BAY DR A VISTA CA 91 ATURE OF APPUCANT—	913	OR DATE	PROMED
	ACKNOWLEDGEMENT OF A	Approximated Thereby action	wiedge as applicant that the proposed disposition star and Salety Code, and was authorized pursuant to Sect	ted herein is one of the disposition	s authorized by Section 103055		1.4 4	tel.		7/2004
	NUTRICON TAXABLE PARTY.	THE CALIFORNIA HEALTH. ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	0 98. DATE PERM 11/17/2 V MITCH	2004	9C; SIGNATURE OF LOCAL ➤ 2419479	REGISTR	IAA ISSUING PE	FMIT
	OF CHANGE IN DISPOSI- TON REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	VITAL RECO	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA RDS P.O. BOX 85222 CA 92186-5222	· · · · · · · · · · · · · · · · · · ·	ODRESS OF REGISTRAF DISPOSITION IS TO OCCU		ĈT OF DISPOSITION — ER DISTRICT IN CALIFORNIA			
	A. BURIAL (INCLUDE B. CREMATION	CREMATED REMAINS O	THER CONTROL OF CALIFORNIA CEMETER	E TEMPORARY ENVAU F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIC	NIA	ED 11	I. DISPOSITION PER (Name and Address) C. SIGNATURE OF PERS	NDING —		N. 38M
LE MEMS	CREMATION		ET ST SAN DIEGO CA DRESS OF CALIFORNIA CREMATO	CONTRACTOR CONTRACTOR	11/ 77/00 12B. DATE CHE	MATED 12	O SIGNATURE OF PERS	ON IN C	HARGE OF C	REMATION
ALL APPLICABLE ITEMS	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	13B. DATE RECE	EIVED 13	IC. SIGNATURE OF PERS	ON IN C	HARGE OF FA	ACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIP	PED 14	C. ADDRESS AND SIGNA OF PLACING WITH TH	STATE OF THE PARTY	CONTRACTOR OF THE	CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT SI	REST POINT ON SHORELINE, OR O IDENTIFY FINAL PLACE AND CA DI EA, <u>ONLY</u> ENTER LATITUDE AND LO	STRICT OF DISPOSITI	15B. DATE OF ON. DISPOSITIO		C. SIGNATURE OF PERS CHARGE OF DISPOSI		15D, LICENSE CREMATED R POSER — IF	

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT Weed

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the rer of Kenneth Newton 228352 In a Liner Funeral, date, time Fri. Nov 19 Church Chapel, Graveside ; CA BURNALMO 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 1 Section 2 Blk/Row Lot 86 Grave 8 Grave space & Care Fund 166 Overtime/Late Arrival Fees Opening/Closing & Setup PAID 546 Burla Container 278 Handling Fees Nov 17 2004	1.3
Church Chapel, Graveside ; CA BURNALMO 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 1 Section 2 Bik/Row Lot 86 Grave 8 Grave space & Care Fund 166 Overtime/Late Arrival Fees Opening/Closing & Setup PAID 546 Burnal Container 2:004 NOV 17 2004	\.3
will be applied and billed to undersigned. Division	y
16	100
Overtime/Late Arrival Fees 54° Opening/Closing & Setup PAID 57° Burial Container 278 Handling Fees NOV 1.7.2004 213	7
Opening/Closing & Setup PAID 546 Burial Container 2.78 Handling Fees NOV 1.7 2004 2.73	8
Handling Fees	9.00
	80
Flower vaces - Marker setting fee	A TEL
Sales taxes Total Due R-58245 229	21.
Paid receipt number K-30273 229 Balance due	مسر
hereby certify I am the <u>brother</u> of the above named de and this is your authority to make disposition of remains as above indicated. I certify and rethat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles any liability on account of said authorization and interment.	present
hereby authorizenthe interment in lot 1 Print Barre X 8 162 Lemon G/6	ave
Luc A. Dona Lonord grove CA	-
462 0471 252 3879 463657 18816 Invoice#	
Work Order # Acct, #	

& Printed on recycled paper

MT HOPE CEMETERY 18916

GRAVE BLIND CHECK FORM

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

		- 42	100	
		X		
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	Initiated By: _			1 18
	ace for: Ke			
	ite: Frida			C/
	Sect: Z			:_8
Grave Laid o	ut by: <u>Aor</u> s	nan F.	me	
	Legal Card: [70.	_ \.	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18816

USE BLACK INK ONLY - MAKE NO FRASIIRES, WHITFOLITS OR OTHER ALTERATIONS

			DOE BLACK INK ONL! -	MAKE NO ENASURES,	WHITEOUTS ON O	HER ALIENATIONS		
14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH	4 SEX
	KENNETH		LEE	NEWTON		05/26/1949	1171172004	M
5/	CITY OF DEATH			5B. COUNTY OF DEA	TH OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FUL		
	SAN DIEGO			SAN DIEGO	II.	OF INFORMANT JANIO	CE JO-ANNE NE	WION
78		CREMATION	A-FUNERAL DIRECTOR OR PERS & BURIAL SAN DIEGO CA 92	-#	JF, LICENSE NUMBER APPLICABLE -1357	543 HOTEL CIRCL SAN DIEGO CA 92 BA SIGNATURE OF APPLICANT	108	E SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby action of the Health :	owiedge as applicant that the proposed disposit and Safety Code, and was authorized pursuant	on stated herein is one of the dispositions to Section 7100 of the Heelth and Selviny (authorized by Section 103055 Code.	· Quetour 1st	detect 11/1	8/2004
	HEMINISTER OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	I ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTH I SPECIFIED IN THIS PERMIT, I RIGHT OF DISPOBAL OUTSIDE OF CAUFOR	OR	11/22/20 V MITCH	004	CAL REGISTRAR ISSUING P	ERMIT
		VITAL RECO	GISTRAR OF DISTRICT OF DE ED IN CALIFORNIA RDS P.O. BOX 852 CA 92186-5222	(F)		JE DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNI —	\$ 25	
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS O	THER	F DISINTERMENT G, SHIP IN TO CALIFOR H. TRANSIT TO OUTSIDE	NIA	I. DISPOSITION (Name and Addi	PENDING — REMAINS LOCA	ATED A
-	BURIAL	MT HOPE C 3751 MARK		TERY GO CA 92102	118. DATE BURIED	Acres 1	ERSON IN CHARGE OF B	URIAL
ILE ITEMS	CREMATION	12A: NAME AND AD	DDRESS OF CALIFORNIA CREM	MATORY	12B. DATE CREMA		RSON IN CHARGE OF C	REMATION
ALL APPLICABLE ITEMS	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B, DATE RECEN	ED 13C. SIGNATURE OF PE	RSON IN CHARGE OF F	ACILITY
COMPLETE			DRESS IN RECEIVING STATE I CREMATED REMAINS ARE TO		148, DATE SHIPPE	D 14C ADDRESS AND SIG OF PLACING WITH	SNATURE OF PERSON IN THE CARRIER	CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, DIDENTIFY FINAL PLACE AND C EA, <u>ONLY</u> ENTER LATITUDE AN	A DISTRICT OF DISPOSITION	N. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	DSITION CREMATED	E NUMBER OF REMAINS DIS APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

OF MEED

City of San Diego

You are hereby authorized and instructed		es and re	gulations, to inte	r the remains
Mary Ann Boy			1 / N 2	dun
n a Liner Type of Burial Container			Ueds Nov2	
Church Change Graveside		201	demoria	_ Mortugay
All Funeral cars must arrive before 3:00 p	o.m. of regular work	day or a	extra charge of	epn_
will be applied and billed to undersigned.		- 56	=======================================	
Division 12 Section 2	Blk/Row	Lot	89 Grave	3
Grave space & Care FundE		10-0-10-0		0
Overtime/Late Arrival Fees	11			
Opening/Closing & Setup	15			
Burial Container		**********	todene venero pr	-01
Handling Fees				
Flower vases – Marker setting fee				==_
Recording/Filing/Transfer Fees	1			
Sales taxes		***************************************	-	
		Total D	ue G-1840	10
	aid receipt number		10-10-0-10-0-10-0-10-0-10-0-10-0-10-0-	
*				4
CONTRACTOR OF THE SECOND	- شا	1840	7 Balance due	
hereby certify I am the and this is your authority to make dispose that I have the right to make this authorize any liability on account of said authorization	ation and I agree to	hold MI.	Hope Cemetery	and represent harmless from
hereby authorize the interment in lot I hold under deed.	Pdml Name		grature	1200
N=	Address		40	CI V
Styrature	City		- a~) Zip Code
Paulette 18817	Talephone		thouse	
On when		set	Xnov.	
18817	Invoice #	y	9)	
Work Order #	Acct. # _		(283)	
120	formation in availab	la in alta	ernative formats	unan request.
REA-104 (3-04) This in	A MANUAL IS SASSED	NO IN COME	man o ioninaio	who adapas:

MT HOPE CEMETERY [198 7

GRAVE BLIND CHECK FORM

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

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	Gree	The same of the sa	Ethrid	ige_	
*		steve	75		
Blind Check I Interment spa Interment Dat	ice for: <u>Mar</u>	y Am 1		8	100
Div:_[2 s		3	Lot:	89	Gr: <u>3</u>
Grave Laid o	ut by: Norm	ion fi	rque		
Agrees with L	egal Card: [J Yes	□ No	1.109	N
Agrees with N	/lap: ☐ Yes	្ច	No	1 la	0
Blind Check	& Verified By	DAR	KEAI	Date	1/22-04

DAIT FOR RICHOUTION OF WIMAN BEMAINS

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		W	USE BLACK INK ONLY	- MAKE NO ERASU	RES, WH	TEOUTS OR O	THER ALTE	RATIONS			
1.4	NAME OF DECEDE	NT—FIRST (GIVEN)	18. MIDDLE ANN	1C LAST (FA)	350			8/24/1907	3. DATE C	7/2004	4. SEX
5/	CITY OF DEATH	- 00				- OUTSIDE CAUF.	6. NAME, RE	LATIONSHIP, FULL	MAILING AD	DRESS AND	ZIP CODE
	SAN DIEGO			SAN DI				I ANN KKEI		HTER	
70	SAN DIESO	CA 92104	A. PINERAL DIRECTOR OR I	PERSON ACTING AS SUCH	78. CALIF. L — IF APP	1000000	SAN D	FIRESIDE A PIEGO, CA S	92123	mt:88. DATE	SIGNED '
	ACKNOWLEDGEMENT OF A		owiedge as applicant that the proposed o and Salety Code, and was sufficient pu			erized by Section 103055	> Years	he Kenny)	11/19/2	004
1	ALTERNATION OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE IN SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF C.	W/THOR-	FEE PAID	98. DATE PERMIT 11/19/20 J. LEMON	04	SIGNATURE OF LOCA	L REGISTRA	R ISSUING PER	RMIT
		P.O. BOX				SS OF REGISTRAR COSTION IS TO OCCUR		F DISPOSITION — STRICT IN CALIFORNIA			
	A BURIAL (INCLUDE B. CREMATION	CREMATED REMAINS O		E. TEMPORARY F. DISINTERMEN G. SHIP IN TO C	IT ALIFORNIA	27.2 28 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00]	I DISPOSITION PE			ED A
-	BURIAL	MT HOPE	DRESS OF CALIFORNIA C CEMETERY KET ST 0, CA 92102	EMETERY	1	//- 24-0		GNATURE OF PER	son in chi	ARGE OF BUI	RIAL
ALE ITEMS	CREMATION	12A, NAME AND AD	ODRESS OF CALIFORNIA C	REMATORY		128. DATE CREMA	ATED 12C. S	IGNATURE OF PER	SON IN CHA	ARGE OF CR	EMATION
IL APPLICA	SCIENTIFIC USE	13A, NAME AND AD	DORESS OF CALIFORNIA F	ACILITY RECEIVING REA	MAINS	138. DATE RECEIV	VED 13C. S	IGNATURE OF PER	ISON IN CH	ARGE OF FA	CILITY
COMPLETE A	TRANSIT		DORESS IN RECEIVING STA CREMATED REMAINS ARE		ŧΕ	14B. DATE SHIPPE	NOCO - 41 AND TOROTOR CO.	DORESS AND SIGN F PLACING WITH T	AND THE PARTY OF T		CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHOREL D IDENTIFY FINAL PLACE A EA, <u>ONLY</u> ENTER LATITUD	ND CA DISTRICT OF DISI		15B. DATE OF DISPOSITION		IGNATURE OF PER HARGE OF DISPOS		15D. LICENSE CREMATED RE POSER — IF A	MAINS DIS-

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

COPY 2

11/18/2004

MT. HOPE CEMETERY INTERMENT ORDER

540	City of San Diago		11-185	
AT NEED ou are hereby synhorized and instru	minet to your	rules and requis	tions, to Inter t	ne remains
whorzed and instru	cted. Sylphot, 11			
Mary Ann B	242123	uma		Morruery.
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TO STATE CONTENTS		_ ,	outra charge of	3
Church, Chapel, Greveside	mon a m of regular	mount gan or ster.		
The Paris William Paris	3.00			
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12 specien	BIK/ROW _		55-730/242 (A)	e_
Division	E-1940]	and the state of t	Dista
Grave space & Care Fund Overtime/Late Arrival Facts	ne		America more	
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	1 4	E-18	(U) Balance	dus
I hereby certify I am the	aughter		of the abo	we named decaded
that I have the right to make t	nake disposition of it	leares to held	Mt. Hape Cen	istery harmiess from
any liability on account of said	f authorization and in	larment.		Ω
777	25040044	VAda	h A.	Keed
I hereby authorize the intermit hold under deed	But to lof (Frist Notes	3 6	- 0. Q
XALLET A +	Read	Address -	2.5	91.0
bender	-		20	مار المدات
MU		X858	1278-	2425
hereby authorize the intermit pold under deed **Taskt Ann T bestier **Taskt Ann T **Taskt An		Telephone	306	188
Vaus _ 188	17	Invaice #		
P 100	17	TO HOUSE PERSON NAME OF		
Work Order #		ADCL #		
RFA-104 (9-04)	This information	ls available in	alternative to	rmats upon reques

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Date	n	22	OU	
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in the grave or inter		
NT. H	HOPE CEMETERY	
OX ON INTER	MENT ORDER	
" the J Secla	to al San Diseas	
CAC CLONE	ity of San Diego	sal .
4	Date 11(22)	34
You are hereby authorized and instructed,	subject to valve sides and socialities a to local	tor the remaine
		8389
Cich Ib. II	C1 = 250	11th in
in a Type of Budal Conjainer	_ Funeral, date, time SH 1. DEC	11. 10
Church, Chapel Graveside	Family	Mortuary.
All Funeral cars must arrive before 3:00 p.r	m. of regular work day of an extra charge of	IS RESTOR
will be applied and billed to undersigned.		
	19-32 JR-190020	
Division IO Section	Blk/Row Lot 2158 Grav	e J
Grave space & Care Fund	-9650	0
Overtime/Late Arrival Fees SAT.	CFRVICE	231 0
Overtime/Late Arrival Fees	9.45.11.5	1160
Opening/Closing & Setup		
Burial Container		81.00
Handling Fees		66.00
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	AID	50.00
Solar toyar	A 6001	473
Family to Pay MOUNTS	C - 8 2004	50973
· to Yay	R-SX500	£287
MOUNT MOUNT P	HOPE CEMETERY	300.1
Jan	Balance due	-6
I hereby certify I am the		amed decedent
and this is your authority to make dispositi that I have the right to make this authorizati any liability on account of said authorization	tion and I agree to hold Mt. Hope Cemeter	y and represent y harmless from
I hereby authorize the interment in lot I	WILLIAM F. RECT	DR.
hold under deed.	12615E1 Camino E	on Otts
Milliant Lecto	Address 3	92130
signature	an Urgan, Ch	Zo Code
	(858) 847-9730	6
Danlette	1001720-45K-70T/	
F 18818	Invoice #	
Work Order # E 10010	Acct. #	
REA-104 (3-04) This info	rmation is available in alternative formats	s upon request.

O Printed on recycled paper

MT HOPE CEMETERY [18918

GRAVE BLIND CHECK FORM

Write in the name of	the deceased for	which the grav	e is for in the
block marked with ">	(". Place the nam	re's, lot # and g	rave # of all
existing marker's in t	he appropriate sp	page(s) that are	adjacent to
the burial space. V			

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			Johnson		70	
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grees v	with Lega	l Card;	res l	J No 1	read	
		Yes erified By:_i	Late and the same of the same		0-0	

E-12818

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	JEANETIE	NT-FIRST (GIVEN)	1B. MOOLE LOIS	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 09/02/2004 F
AUSTIN		58. COUNTY OF DEA ENTER STATE	TOVAC	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BILL RECTOR — BROTHER		
7/	EL CAMINO	MEMORIAL E	A—FUNERAL DIRECTOR OR PERSON INCINITAS CHAPRI INCINITAS, CA 9202		ALIF, LICENSE NUMBER	12619 KL CAMINO REAL #B SAN DIEGO, CA 92130 BA. SIGNATURE OF APPLICANT—Ferson taking person, 8B. DATE SIGNED
	ACRICALEDGMENT OF A	PPLICANT I hereby a Section 10	chrowledge as applicant that the proposed dis 375 of the Health and Safety Code, and was auti	specition stated herein is one of horized currount to Section 7100 of	the dispositions authorized by the Health and Safety Code.	mulil land 11/23/2004
	PERMIT LITHORIZATION OF OCAL REGISTRAN	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- ORNA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED O BEST OF REPUSAL DIFFERE OF CALFORNAL	A	PAID 98 DATE PERMIT 11/23/200 M SOUDER	The state of the s
1	Y CHANGE IN DISPOSI- ION BEQUIRES A NEW FRAIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RE IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEAT D IN CALIFORNIA	VI	DISPOSITION IS TO OCCU	OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 65222 92186-5222
8	A. BURIAL (INCLU B. CREMATION	OF CREMATED REMI		E. TEMPORARY ENG. F. DISINTERMENT G. SHEP IN TO CALIF		FOR CORONER'S USE ONLY I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	BURIAL	HOUNT HOP	PROPERTY 3751 MODEL OF THE CEMETERY 3751 MODEL OF THE STATE OF THE STA	COMPRESABLES VOLUMENTS	118. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIA
BLE TEMS	CREMATION	12A, NAME AND AC	DORESS OF CALIFORNIA CREMA	TORY	128, DATE CREMATE	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAMÉ AND AL	DORESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B, DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		148, DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O ENTIFY FINAL PLACE AND CA <u>DIST</u>		15B DATE OF DISPOSITION	1SC. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

At 12	11-23-04 09:40 at CAN POLICY
THE STREET STREET STREET STREET	ted, subject to your rules and regulations, to inter the remains
or marian Mor	0
ina Liner	Funeral date time Friday Nov. 25th 11:30
Church, Chape Graveside	Luyben Family Sponglery Mortuary
All Funeral cars must arrive before 3:00	0 p.m. of regular work day of an extra charge of \$
will be applied and billed to undersigne	d.
Division 8 Section 3	Blik/Row Lot 763 Grave 1
Grave space & Care Fund	7251
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	<u>'</u>
Recording/Filing/Transfer Fees	<u> </u>
Recording/Filing/Transfer Fees	Paid receipt number
Fat 2501	Balance due
and this is your authority to make disp	of the above named decedent position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery harmless from the tation and interment.
I hereby authorize the interment in lot I hold under deed.	X Print Name atta auros
Sprature	Address we age
pulette Work Order # E .18819	position of remains as above indicated. I certify and represent inization and I agree to hold Mt. Hope Cemetery harmless from eation and interment. X
	Acct. #
REA-104 (3-04) This	information is available in alternative formats upon request.

O Printed on respeled paper

MT HOPE CEMETERY

E 19819

GRAVE BLIND CHECK FORM

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

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	Boyd	Greene	Geene			
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llind Ch	eck Initiat	ed By: Par	alette		_ Date: /	1448
ntermen	t space fo	or: Mari	an Mora	gan		
			- 04 T	1)	11:3	٥
0iv: <u>8</u>	_ Sect:	3_ BI	k/Row:	Lot:	763 c	irt <u></u>
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			Yes	1/	105/	
Agrees v	vith Map:	☐ Yes	ON	0	V	
Blind Ch	eck & Ve	rified By:_	DAKKE	41	Date:	11-23-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK IN	IK ONLY — MAI	KE NO ERASURES,	WHITEOUTS OR C	OTHER AL	TERATIONS			
1/	NAME OF DECEDE		1B. MIDDLE	70	1C. LAST (FAMILY)			2. DATE OF BIRTH		OF DEATH	4. SEX
	Marie	un.	Y	• 1	Morga			0171571899°	11/22	72004	r
5/	Seal	Beach			ENTER STATE	ATH — OUTSIDE CALIF.	., 6. NAME, OF INF	RELATIONSHIP, FULL ORMANT MOTEAN - SO	MAILING A	ADDRESS AND	ZIP CODE
		amily Spon	gberg Bel	lflower N	ity.	ALIF LICENSE NUMBER FAPPLICABLE FD-118	267	O Foreman A	ve., I 0815	122	- 3
	ACKNOWLEDGEMENT OF A				sted herein is one of the dispositio tion 7100 of the Health and Safet		-1	O'EZ	5	11/24	/2004
	- CHARLE	THIS PERMIT IS ISSUED I THE CALIFORNIA HEALTH ITY FOR THE DISPOSITIO NOTE: THIS PERMIT GIVES N	AND SAFETY CODE A	ND IS THE AUTHOR- PERMIT.	\$13.00		004	9G. SIGNATURE OF LOC	AL REGISTR	AR ISSUING PE	e 61
100		9D. ADDRESS OF RI IF DEATH OCCUR BOSE 234 ,	RED IN CALIFORNIA	SCHOOLS TA COMPANY		DDRESS OF REGISTRAR DISPOSITION IS TO OCCU DX 85222, S	IR IN ANOTHER	R DISTRICT IN CALIFORNIA	10. 10. 10.		
10	. AUTHORIZED DISPOS	SITION(S) CHECK APPLIC	CABLE ITEMS		- 3			FOR C	ORONOR'S	USE ONLY	
	A. BURIAL (INCLUDE	S ENTOMBMENT)			E. TEMPORARY ENVAL	ILTMENT		L DISPOSITION F	PENDING — F	REMAINS LOCAT	ED A
ì	B. CREMATION			Ē	F. DISINTERMENT		50	(Name and Addre			
į	THAN IN A CEME	CREMATED REMAINS	OTHER	Ĭ	G. SHIP IN TO CALIFO						
ı	D. SCIENTIFIC USE	hanna kanana kanana		L	D. TRANSIT TO OUTSI						
	BURIAL.	Mt. Hope San Diego		3751 Mar	Salah Langer and Langer	118. DATE BURIE		SIGNATURE OF PER	RSON IN CH	HARGE OF BU	RIAL
E ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALI	FORNIA CREMATO	DRY	12B. DATE CREM	MATED 120	SIGNATURE OF PE	RSON IN CH	HARGE OF CR	EMATION
ALL APPLICABLE	SCIENTIFIC: USE	13A. NAME AND A	DDRESS OF CALIF	FORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECE	IVED 130	SIGNATURE OF PE	RSON IN C	HARGE OF FA	CILITY
		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIP!	PED 140	PED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
100	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T		PLACE AND CAD	OTHER DESCRIPTION ISTRICT OF DISPOSIT ONGITUDE	15B. DATE OF DISPOSITIO		C SIGNATURE OF PE CHARGE OF DISPO		150. LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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

11/22/2004

16:38

SD MT. HOPE CEMENTERY + 915628673222

NT. HOPE CEMETERY INTERMENT ORDER

- nO	City of San Diego	1
At Need		Dese 11/22/01
10		N. Carlotte
You are hereby authorized and insti	ucted, subject to your rules a	nd requisitions, to inter the remains
a marian nu	MODIA	
ina Liner	U Funerat, dete, time	
Church, Chapal Graveside	-Li	When Formly Spongozing
An Funeral cars must arrive before	3-00 c.m. of requirer work day	of the surre charge of \$
writ be applied and billed to undersi		
Division 0 Section	3 00.75	Lat 763 Grave 1
	725	M _ 100
Grave spece & Care Fund	Constitution of the control of the second of	
Overdme/Late Artival Foes		
Opening/Closing & Setup	<u></u>	Angualge or a green processor and a green pr
Buriel Container	<u> </u>	(11) (11)
Handling Fees	1	
Flower vases - Marker setting fee .		
Flower vaces - Marker setting fee. Recording/Filing/Transfer Face. Sales taxes	et	
Sales cares al Nov	4	
C bo		Mail Dun
ald only	100 (100 ft - 100 ft	****
10/19-30	Paid receipt number	
at allo	2	Batanca due
I lead by crudity I am the A	JON .	of the above named decoders
and this is work authority to make	of of eargs I bas nother to be	ove Indicated. I centify and represent id Mr. Hope Cometery harmless from
	SELVEN STATES STATES AND STATES SERVED STATES.	
I hereby authorize the interment in	lot 1 X CIRSO	N V. MORGAN VE
hold under deed.	¥2670	Foregran ave
Bonn Tille	schona !	Beach CA 90815
	562	421-6956
pulette 1000	Tollegharin	<i>DU_B_DD</i>
Jan .	(rivoice #	
Work Order # E .18815)	
Work Order # Im	Atx1. #	

This information is available in alternative formats upon request.



Preed,

MT. HOPE CEMETERY

need INTERN	MENT OF	RDER		
LDAS City	of San Diego	0	,	7
11-23-04 11:55 PA	ID	Date _	11/23	104
You are hereby authorized and instructed, su	bject to your rul	es and regulati	ons, to inter t	2_ he remains
or pre-needily	FOR F	settie	- thr	ower
in a Type of Bunai Container		time		
		7		Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work	The second	VIOLET COM	
will be applied and billed to undersigned.	eura Mentrotari			
				12
Division 12 Section 2 BI	lk/Row	Lot 23	Grave	1771
Grave space & Care Fund	5-177	9	- 12 WE 15 W	B
Overtime/Late Arrival Fees	PAIL		(mannunam —	15
	S	^		413-
Opening/Closing & Setup	OV 2 3 200]4		209-
1000 (100 (100 (100 (100 (100 (100 (100				160-
Handling Fees	HOPE CE	METERY		100
Recording/Filing/Transfer Fees			············· —	50
Sales taxes				163
3003 10465				8482
* 240		Total Due		C1182
Paid	receipt number		10	000
< a1-	_	(1987)	lance due _	-0_
nereby certify I am the	of remains as	above Indicate	e above named. I certify as	ed decedent
that I have the right to make this authorization any liability on account of said authorization a	n and I agree to	hold Mt. Hope	Cemetery ha	irmless from
, , , , , , , , , , , , , , , , , , , ,	2	11	T110-	N.
hereby authorize the interment in lot I old under deed.	Pline Manyo	rie	LHNOU	بعد
Rotte Hanne	Address	52 oce	an Vie	w Blud
bullet America	×5a	~ Die	90, Ca	92113
mania	+16	19) 691	6 - 37	61
maria	iciestiana	- M		
North Contest # E 18820	Invoice #	<u> </u>		
Nork Order # E	Acct. #_			
CONTROL OF CONTROL OF	A SUPERIOR STATE OF THE SECTION OF T	and the second second second	was a later was a service of	VVIII-bubillidas VVIIIda

REA-104 (3-04)

This information is available in alternative formats upon request.

Printe Taust INTERMENT ORDER

Date 11-23-04

ina liner	Funeral, date, time	
Type of Burial Container Church, Chapel, Graveside	(unotal, date, time	Mortuary.
	re 3:00 p.m. of regular work day or an extra charge	100
	rsigned.	
0000000000000000000000000000000000000	2	nev .
Division/O Section	Bik/Row Lot 98 Gra	veev
		1095.0
Opening/Closing & Setup		413.00
Burial Container		209.00
	NOV 2 3 2004	160.00
Flower vases - Marker setting fe	NOV 2 3 2004	
		50,00
Sales taxes	MOUNT HOPE CEMETERY	16.20
	Total Due	1943.20
	Paid receipt number VISa Card	485.00
	Balance du	1458.20
any liability on account of said au I hereby authorize the interment i hold under deed.	e disposition of remains as above indicated. I cert authorization and I agree to hold Mt. Hope Cemete athorization and interment. 228362 Thoras Ralinguistics.	la luna#S
Paulitle Work Order # E 1882	Tetephane	-
REA-104 (3-04)	This information is available in alternative forma	te unon roquaet

MT. HOPE CEMETERY

INTERMENT ORDER

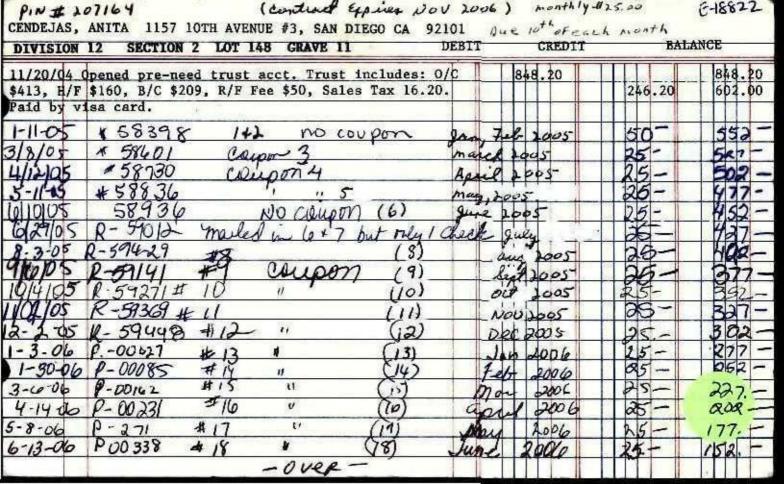
Qu-nud

City of San Diego

Date 11 / 20 / 04

\$0 400-				*
You are hereby authorize	ed and instructed,	subject to your rules	and regulations, to	nter the remains
TOTAL TOTAL PROPERTY.		cerace	20.	•1
in a U ()	ner	_ Funeral, date, fim	е	
Church, Chapel, Graves			,,,	Mortuary.
All Funeral cars must an	rive before 3:00 p.	m. of regular work da	y or an extra charge	of \$
will be applied and billed	to undersigned.	27		
		Blk/Row		
Grave space & Care Fu	nd	= - 156600	?	·· ···································
Overtime/Late Arrival Fe	ies			CONTRACTOR OF THE PROPERTY OF THE PERSON OF
Opening/Closing & Setu	p			413.00
Burial Container				209.00
Handling Fees	***************************************			160.00
Handling Fees Flower vases – Marker s	setting fee		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Bacardina/Fillian/Transfe	r Fone		/	5000
Sales taxes	MO	V 2 0 2004		11.97
		1012000001	Totaloue	848.20
	MOUNT H	ORE GENERAL	uso pand	246.20
	16	TO CIVIE!	Ry Balance du	602 00
I hereby certify I am the and this is your authorit that I have the right to m any liability on account of	nake this authorization	tion and I agree to he	of the above pove indicated. I cent old Mt. Hope Cemete	named decedent ify and represent ry harmless from
I hereby authorize the in hold under deed.	DEC 18	2008 Address 5	sol E-19	notice
paulette				
	8822	Invoice # _ Acct. # _		
REA-104 (3-04)	This infe	ormation is available	in alternative forma	ls upon request.

D Printed on recycled paper



monthly#15,00 month E-18822 Pre-need trust. Cendelas, Anitu 12-2-148-11 DEBIT CREDA Coupon # 19 P-00

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

58398

835238A	(015) 321-0400				
From: anita Cendeses	O Address: 1157 104 h	gan	11	, 20	05
- fifty		100	Oollars (\$	E0-)
in Payment of Div Sec	2 Blk/ Lot	148	Grave	11	
Invoice No. <u>E- 8822</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAPINALIS SECE.	CREDIT 20% Sales Care 80% Sales	67007 77184 —		
W.O	JAN 1 1 2005	of Lots Opening/ Closing Burial Containers	77184 — 100 77181 — 100 77182 —		
Pre-Need Lot ∴ At Need □ On Acct □	MOUNT HOPE CEMETERY	Handling Fee Recording & Misc. Fees Pre-Need	77185 — 100 77183 — 63033	50	
Pre-need Trust Cash Check(ISSUED BY M. Villegers	Trust Sales Tax TOTAL PAID	77186 — 60101 78390 —	50	=
This information is available in alternative formats upon reque	si	TO TOTAL PRINCIPLE	ASS.		

E-19822

58601

Seamed magnitude				Date:	3/	8	, 20	05
From: arcta C. Twesty - Fin		Addre	ss:		se con	d		
Twesty - Fre						Dollars (\$_	25.	
in part Paym	ent of	Pu-	need trust	ł,				
Div 12	_ Sec	2	Blk/ Row	Lot	148	Grave	- 1/	
Invoice No. E 13322			R PURPOSES STATED D' IN THIS SPACE.	UNLESS	CREDIT	67007		11
Acct. No		TAMPED FA	PAID	V	20% Sales Care 80% Sales	77184		1
W.O	-		PAID	Š.	of Lots Opening/ Closing	77184 100 77181		
BALANCE DUE \$ 527-			MAR - 8 2005		Burlal Containers	100 77182 ——		
					Handling Fee Recording &	77185		1
Pre-Need Lot □ At Need □	On Acct	MOU	NT HOPE CEM	ETFRV	Misc. Fees Pre-Need Trust	77163 — 63033 77186 —	25	-
Pre-need TrustX Cash L	Check ×	edien ov	paulitte		Sales Tax	60101 78390 —		
AC-212 (Rev. 4-04) 46 0 177 67 This information is available in alternative forms	774	33000 81 -			TOTAL PAID	s	25	



From: Anita Cendejas		PAVE. #3,	SD CA	92101
in Pout Payment of P	re-rest trust		Dollars (\$ <u>2</u>	<u>5-</u>
Div 12 Sec_	2 Bik/ Row	Lot 148	Grave	11
NO	NOT VALID FOR PURPOSES STATED UNLES STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	100 77184 100 77181 ——————————————————————————————————	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 4-04) US - 5 624 9 77	MOUNT HOPE GENER	Den Mond	77185 100 77183 63033 77186 60101 78390	25. 00 25. 00

OF	FICIAL RECEIP	T
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WHITE TO CUSTOMER CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

E 18833

58836

From anta Cende y	1)10 0	ress: On reco	d	Dollars (\$a	25 25
Div B	of poe 100	Blk/ Row_	Lot 148	Grave	1)
Invoice No. <u>L2 - 188 22</u> Acct. No	STAMPED *	MAY 1 1 2005 HOPE CEMETE	CREDIT 20% Sales Ci 80% Sales of Lots Opening/ Closing Burial Containers	77184	
MARK MARK COURT BY MAKE IT STAY	neck X	parayord	Trust	77186 —— 60101 78390 ——	25 -



From: Anita Cendejas	1150	nth Ave# 3	ine 10	- Park 1	03
twenty - Five	Address:		Dollars (\$ 2	92	101
in Part Payment of	Pre-need trus-	taccount	Grave 1	1	
Invoice No. <u>E-18822</u> Acct. No	NOT VALID FOR PURPOSES STATED STAMPED "PAID" IN THIS SPACE.		67007		
Pre-Need Lot At Need On Acct	JUN 1 0 2005	Containers Handling Fee Recording & Misc. Fees Pre-Need	77182	25.	=
Pre-need Trust Cash Check A	MOUNT HOPE LE	Sales Tax TOTAL PAID	60101 78390	25.	=

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER CANARY CEMETERY

From Cenita Cendezas	Address	1157	Date:	Tree.	19 #3	SD, 20	9210
in Part Payment of	Prener	Hun	√ }	-	Dollars (\$_	25-)
Div 12 Sec	2	Blk/ Row	Lot	148	Grave		
Acct. No	STAMPED "PAID" I	PAID		CREDIT 20% Sales Car 80% Sales of Lots Opening/ Closing Burial Containers	100 77184 — 100 77181 — 100 77182 —		
Pre-Need Lot □ At Need □ On Acct □ Pre-need Trust Cash □ Check	MOUNT	IN 2 7 2005 10PE CEME	28WWW.1.FFE.50	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77185 — 100 77183 — 63033 77186 — 60101 78390 —	25	i
AC-212 (Rev. 4-04)	ISSUED BY	July		OTAL PAID	(1423256 15 <u>6</u>	29	5

OFFICIAL RECEIPT WHITE			59 E 199	9429 822	
From a. Cendesus	Date:	and	8/4	, 20	Q5
in Payment of Sec	Pre-need Just 2 Blk/ Row Lot	1/10	Dollars (\$ 2	5)
Invoice No. E 18822	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" II PATD	CREDIT 20% Sales Care 80% Sales of Lots	67007		
W.O	AUG 0 3 2005	Opening/ Closing Burial Containers Handling Fee	100 77181 ——— 100 77182 ——— 100 77185 ———		
	- MOUNT HODE OFFI	Consider S	100	- 1	1

Pre-need Trust Cash Check

At Need L

Pre-Need Lot

This information is available in elemetive formats upon request.

On Acct

ISSUED BY Julette

Recording & 100
Misc. Fees 77183
Pre-Need 63033
Trust 77186
Sales Tax 60101
78390

TOTAL PAID \$

MISSES WORLD

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CAL	IFORNIA 59141
	то сизтомен MOUNT HOPE CEM (619) 527-3400	21000
From: anta Cenders Twenty- Five		Dollars (\$ 25-
Div 12 se		t
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Buriel 100
Pre-Need Lot At Need On A	SEP 0 6 2005	Containers 77182 100 Handling Fee 77185 100 Recording & 100
Pre-need Trust Cash Che	KKW KONIES BY	, Sales Tax 60101 78390

TOTAL PAID

ISSUED BY

This information is available in alternative formats upon request

AC-212 (Rev. 4-04)

WHITE TO CUSTOMER CANARY CEMETERY

From: Cendejas, 1 Julity-Fri	enita	Address: _	57 - 10t	h Ave	.#3 SI	04 CA 0	92101	05
	yment of Re-	need tn	JST. BIN BOW	Lot _	148	Grave	11	
nvoice No. <u>E-166</u> acct. No) 22 NO	OT VALID FOR PUR TAMPED "PAID" IN T			CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 — 100 77184 —		
.o alance due <u>\$ 35</u>	5	00	T - 4 2005		Opening/ Closing Burial Containers 'Handling Fee	100 77181 — 100 77182 — 100 77185 —		
Pre-Need Lot □ At Need □ Pre-need Trust ✓ Cash □	The second of th	MOUNT H			Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 69033 77186	20	-
C-212 (Rev 4-04)	1467	SUED BY PCA	maker		TOTAL PAID	78390	25	-

OFFICIAL RECEIPT

WHITE TO CUSTOMER. CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

From: _Anita Cendeja	S Address: On - record	1	
_ luenty-Five	and ov) Dolla	rs (\$_05.—
Lot 148 Grave	Row	Section 2	Division 12
Pre-Need Lot At Need Check	NOV 0 2 2005 MOUNT 1:	CREDIT 6700 20% Sales Care 7718 80% Sales 10 of Lots 7718 Opening/ 10 Closing 7718 Burial 10 Containers 7718 Handling Fee 7718 Recording & 10 Misc. Fees 7718 Pre-Need 6303 Trust 7718 Sales Tax 6010 7839	10 10 10 10 10 10 10 10 10 10 10 10 10 1
AC-212 (Rev. 10-02) 1470	()	TOTAL PAID	s _ 25 -

OFFICIAL HEGELFT	CITY OF SAN DIEGO, CAI	JFORNIA	R-55448
WHITE TO CAMARY PINX	MOUNT HOPE CEM (619) 527-3400	100	2005
From: Anita Cenderas	Address: On rec	ard V	(\$ <u>d</u> 5-
in Payment of Lot 198 Grave	Pre-need Trust	Section 2	Division 12
	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181	
BALANCE DUE 302 -	DEC 0 2 2005	Burial 100 Gontainers 77:82 100 Handing Fee 77:85 Recording & 100 Misc: Fees 77:83	
Pre-need Trust Cash I Check X	MOUNT HOPE CEMETERY	Pre-Need 63033 Trust 77186 Sales Tax 60101 78390	25
AC-212 (Rev. 10-02) 1474 This information is available in alternative formats upon request.	VERTICAL TELEVISION OF THE PERTICAL PROPERTY.	TOTAL PAID \$	25

PRE-NEED PURCHASE MOUNT-HOPE CEMETERY

P 00027

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(619) 527-3400	. 1	25/22/46/23
		Date:	1/3	, 20 00
From: A. Cendeya	Address:	record		
Swenty. Tu			Dollars (\$ _e	25 00
in part O Payme	nt of Pue need	Tuest -	. 11 3300 40 3000 10 10 3	
Div_ 12	Sec 2 Bli		48 Grave	11
Invoice No. E - 18822	NOT VALID FOR PURPOSES	S STATED LINEESS		
Acct. No.	STAMPED "PAID" IN THIS SE	PACE CREDIT	67007 les Care 77184	
w.o	PAIL	Pre-Nee Trust		25 -
BALANCE DUE				
DALLANDE BOL	JAN - 3 2	006	-	
Pre-Need Lot Mon-	ey Order	DOMESTICAL DESIGNATION OF THE PARTY OF THE P	V	
-/	MOUNT HOPE G	EMETERY		
Pre-Need Trust Char	* 1480 ISSUED BY PCIA	wend	-	
MO ETE (11 pp)		TOTAL P	AID \$	25 -
AC-212 (11-05) This information is available in alternative formati		0 TOTAL P	AID \$	25 -

OFFICIAL RECEIPT P 00085 CITY OF SAN DIEGO, CALIFORNIA **PRE-NEED PURCHASE** WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 130 Date: Address: Dollam Co 25 -

0. +1		0		-1		Dollars (\$ _c	X	
in parto	Payment of Sec	pu-no	ed tue	<u> Lot _ l'</u>	48	Grave _[1	
Acct. No W.O BALANCE DUE 2.		NOT VALID FOR P STAMPED "PAID" I	PAID JAN 3 0 20	CR 20 Pr	EDIT 0% Sales Care re-Need rust	67007 77184 63033 77186	25	
Pre-Need Lot	☐ Money Order ☐ Charge	MOU	NT HOPE CI	Silve K				
AC-212 (11-05) This information is available in	Defieck 48 7		Paulett	10	TAL PAID	s	25	-

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA P 00162 PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: On record From: Address: 25 -Dollars (\$ need must Payment of Blk/ Row 148 2 Grave // . Div Sec Lot Invoice No. E - 18822 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 . Acct. No. 20% Sales Care 77184 Pre-Need 63039 W.O. Trust 77186 BALANCE DUE \$ 227. MAR - 6 2006 __ Money Order Pre-Need Lot Charge Pre-Need Trust Check AC-212 (11-05) TOTAL PAID

This information is available in ellemetive formats upon request.

OFFICIAL RECEIPT WHITE		E. P. 00231
From: Anita Cendejus	Address: On record	
Twenty Five	Pre-need trust	Dollars (\$ 25 ~)
Div 12 Sec 2	Blk/ RowLot_	148 Grave //
	PAID	PEDIT 67007 10% Sales Care 77184 Pre-Need 63033 rust 77186
Pre-Need Lot	MOUNT HOPE CEMETERY SUED BY PLU CELLE	STAL PAID \$ 25 -

PRE-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

.P 00271

	1 8	(619) 52	7-3400 Date: _	5-8		, 20	1
l west	ndejas Addres	s:			Dollars (\$	25)
Div 12	Sec_ 2	Blk/ Row_	Lot	148	Grave _	//	
Invoice No. <u>E - 1992</u> Acct. No	NOT VALID FOR	PURPOSES STATED UI		CREDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	25	-
BALANCE DE 177 -		PAID			-		
_/ -	ney Order arge MOUN	MAY 018 2006			8		
AC-212 (11-05) This information is available in alternative forms	Agent and a second	HOPE CEME?	Equ.	TOTAL PAID	\$	25	_

JFF	ICIAL	. HE	CEIPT
	50	O COLOR	
	63		4

WHITE TO CUSTOMER CANARY TO CEMETERY

PRE-NEED PURCHASE MOUNT HOPE CEMETERY

P 00338

		(619) 5	27-3400 Date:	6	~ r3	. 20 (06
From: Anita Cende	548 Addre	ess: on re	cord				120000
Twenty-five a	nd 00 0	$\overline{}$		D	ollars (\$ _	25 -	
in Day Payment of	or_Pre	-need	Trust			W.C	
Div 12 s	ec 2	Blk/ Row	Lot _/Y	18	Grave	11	
Invoice No. <u>E - 18822</u> Acct. No W.O BALANCE DUE # 152. —	STAMPED "PA	JUN 12 20	006 CHE 20%	Sales Care Need	37007 77184 ————————————————————————————————————	25	
Pre-Need Lot Money 0	The Sec. 100 (100)				3==		
☐ Pre-Need Trust ☐ Charge	-	Derw/w/			8 		
AC-212 (11-05) This information is available in alternative formats and	ula 1	mar jaco	100000	AL PAID	\$	25	_

OFFICIAL RECEIPT WHITE CANARY		SE P 00374
From: Anita Cendejas	Address: 1157 1041 A	UC #3 San Diego 921
inPayment of Div Sec	Pre-need TVUST Q Billy Lot	148 Grave //
Invoice No	JUL 1 2 2006 MOUNT HOPE CEMETER	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186
☐ Pre-Need Lot ☐ Money Orde ☐ Pre-Need Trust ☐ Charge	1 Malical	
AC-212 (11-05) This information is available in atternative formats upon req		TOTAL PAID \$ 25 —

OFFICIAL R	WHITE	. TO CUSTOMER	CITY OF SAN DI PRE-NEED MOUNT HOP	PURCHA: PE CEMET	SE	P 004	436
From:	ita Cendesas	Address;	_ On	Date:	rd 8/8	- 10.5	_, 20 _06
in_fart	Payment of	fre-need	thust Bik/ Row	Lot_	Dol	Grave)
· Acct. No W.O BALANCE D	18822 UE \$102	NOT VALID FOR PU STAMPED "PAID" II			20% Sales Care 77 Pre-Need 63	007 184 033 186	25-
Pre-Need I	the A September 1	9 ISSUEDIMOUN	AUG 0 8 2001 Paulet THOPE CE	te METERI	TOTAL PAID	2	2 -

OFFICIAL RECEIPT	WHITE T		PRE-NEE	D PURCHA	ASE .	200 VV 200 VI	937	
From: Canuta C	endesas	Addre	m	527-3400 Date: LLCOY	d		, ₂₀ C) (
in part	Payment of	Pre-ne	ed of a		Cender	Dollars (\$ 2 (\$ - Grave	11	
· Acct. No	018822	STAMPED *PA	OR PURPOSES STATES		CREDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	25	
BALANCE DUE	# 4904350 ☐ Money Order ☐ Charge	11-40-00-0	SEP 1 5 2006					
AC-212 (11-06) This information is available in all	Check	3	aulus c.		TOTAL PAID	\$	25	~

OFFICIAL DECEMPT

OFFICIAL RECEIPT	WHITE TO CANARY		PRE-NEED MOUNT HOM (619)	PURCH	ASE ETERY	() () () () () () () () () ()	10547	04
AND AND AND THE PROPERTY OF THE PARTY OF THE	ndejas ve	Address	on	reco	rd	Dollars (\$ 2) < _	- 5
in Dart	Payment of	pre-	need		148	1000000000	_ 3	
* Div lck Invoice No * Acct. No W.O	Sec	NOT VALID FOR E STAMPED "PAID"	PURPOSES STATED	Lot	CREDIT 20% Sales Ca Pre-Need Trust	67007 77184 63033 77186	25 -	_
BALANCE DUE 16	Money Order □ Charge		OCT 2 4 200	unes			3	
AC-212 (11-05) This information is available in after	Scheck 530	ISSUED BY R	ulette	- 244	TOTAL PAID	\$	25-	_

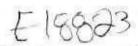
OFFICIAL RECEIPT	WHITE TO CUSTO	MEA PRE-I	SAN DIEGO, CALIFOR NEED PURCHASI HOPE CEMETE	E	PU	J594
From: Hinita Cen	dejás	3 ((619) 527-3400 Date:		27	, 20
Twenty-Fiv	CHILDREN CONTROL CONTROL	·need	trust. #		ollars (\$ <u>&</u>	
: Div 12	Sec 2	Blk/ Row	TO DESCRIPTION OF	148	Grave _	11
Invoice No		VALID FOR PURPOSES S MPED "PAID" IN THIS SPA	CE CI	ro% Sales Care 7 re-Need 6	77007 7184 33033 7186	25
BALANCE DUE D 2	<i> -</i>	NOV 2 7 2	2006		3	
Pre-Need Lot		OUNT HOPE C				
Pre-Need Trust AC-212 (11-05) This information is available in alterna		ED BY Paulett	€ C.	OTAL PAID	s	25 —

	TO CUSTOMER	PRE-NEED PURCH	IASE	P 00626
From Anita Cen de xi		MOUNT HOPE CEM (619) 527-3400 Date	12/10	, 20 Qe
Julety Swer	and 00	trust oad		ars (\$ 27— Coupon #24
in Payment Div 12 Invoice No. E-18812	Sec 2	Bik/ Row Lo	1) 1110	
Acct. No	NOT VALID FOR PI STAMPED *PAID* II	URPOSES STATED UNLESS IN THIS SPACE.	CREDIT 670 20% Sales Care 771 Pre-Need 630 Trust 771	84 27 -
BALANCE DUE 🕖	D	EC 1 8 2006		
Pre-Need Trust Charge	Order MOUNT	paulette		
AC-212 (11-05) This information is available in alternative formats u	1537ISSUED BY	parrette	TOTAL PAID	s 27.—

NEED	MT. HOPE CEMETERY INTERMENT ORDI City of San Diego 11-24-04 09 and instructed, subject to your rules a	
AT PAVE	MA TIMED	
IN GO LINE	MT. HOPE CEMETERY	
KAM	INTERMENT ORDI	ER
OF WALL HUPON	City of San Diego	
Miscarily played detect	. 11-24-04 09	Date
MIKA LA PIUL OUT TO THE POUR AND AND AND AND AND AND AND AND AND AND	11724-04 09	: U1 PAID
The state of the s	Ind instructed, subject to your rules a	nd regulations, to inter the remains
of AVAKO	1 1	12/1/01/ 01/130
in a Type of Bugal Conta	Delivery : C	and the second s
Church, Chapel,		10.11
STANDARD WICH HAD NOT BEEN AND A STANDARD OF THE STANDARD OF T	before 3:00 p.m. or regular work day	or an extra charge of \$
will be applied and billed to u	undersigned.	
7	. 11	Lot 130 Grave 3
Division Section	SILT BIKHOW	LOT Grave
Grave space & Care Fund	€-1686	2
Overtime/Late Arrival Fees		
STATE OF THE PARTY AND THE PARTY OF THE PART		116-
Burial Container		
Handling Fees	IAP	_06
Flower vases - Marker settir	NOV 2 4 2004	
Recording/Filing/Transfer Fe	965	
Sales taxes	MOUNT HOPE CEM	ETERY 4 7
	WICOINT TIO. 2 0 - To	tal Due 297 33
	Paid receipt number	297
	<i>a</i>	Balance due
I hereby certify I am the X	San	of the above named decedent
that I have the right to make	make disposition of remains as abo this authorization and I agree to hole	
any liability on account of sa	id authorization and interment.	n yes all seem kommen
I hereby authorize the interes	Tent in lot ∞ MAY	NO 7. FAMINAKA
hold/upder/deed.	× 300	HADUNACUE DA
Signature	~ V15	A. CA 92087
101 -	nania = 760	-726-7109
(\sim) n	Talla Magazine	
_ 100	Invoice #	
Work Order # E 186	323 Acct.#_	
REA-104 (3-04)	This information is available in	n alternative formats upon request.

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MT HOPE CEMETERY



block m existing	the name of arked with '	of the dece 'X". Place	the name's, priate space	ch the grave i lot # and grav (s) that are ac	e # of all
are barr	in gra	ue of	Mikaza-	Kamina	Ť
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	1	\$ 15 miles 15	x	Fun	aka uv
					94.
-	1				
Interme Interme	nt space for	AYA	KO KA Y Time	Date: MINAKA :	*
Grave L	aid out by:	nsoft	an Per	quan	
	with Legal			1	
	with Map: [□ No	FC	ag
Dlind Ci	hook & Vor	ified Dur /	910) 0000	- D-4	0

E18823 -19

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MAK	E NO ERASURES, WI	HITEOUTS OR O	THER AL	TERATIONS		38	
1/	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	-		2. DATE OF BIRTH	3. DATE	OF DEATH	4. SEX
	Ayako	£		Kaminal	2000		13/31/1925		72004	7
	Sen D1				Diego	OF INF	RELATIONSHIP, FULL ORMANT NE KABINAKA			ZIP CODE
74			A - FUNERAL DIRECTOR OR PERSON A	CTING AS SUCH 7B. CALIF.	LICENSE NUMBER		Hannalei D			
		ity Mortua Vista, CA	ry 855 Broadway 1911	2007	682	W181	TURE OF APPLICANT	3 Person taking p	emi 8B. DATE	SIGNED
	ACKNOWLEDBEMENT OF A	PPLICANT I hereby action of the Health I	wiedge as applicant that the proposed disposition state and Safety Code, and was authorized pursuant to Secti	ed herein is one of the dispositions aut ion 7100 of the Health and Safety Cod	hortzed by Section 193055 L	>4	las / tu	and the s	10/2	2/2004
1	ALTHOOGRATION OF	THE CALIFORNIA HEALTH I	ACCORDANCE WITH PROVISIONS OF NAD SAFETY CODE AND IS THE AUTHORI- SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT 10/22/20 D. Humph	004 rey	> 2427090	AL REGISTR 417909		AMIT
	NY CHANGE IN DISPOS	Dept. of V	GISTRAR OF DISTRICT OF DEATH- ED IN CALIFORNIA SAN DIESO LEAL RECORDS P.O.	County FDIS	ESS OF REGISTRAR (POSITION IS TO OCCUR		TOF DISPOSITION — R DISTRICT IN CALIFORNIA	Š		
10	AUTHORIZED DISPOS						FOR C	ORONORS	USE ONLY	
- 5	A. BURIAL (INCLUDE)	E ENTOMBMENT)		E. TEMPORARY ENVAULTN	ENT		I. DISPOSITION F		REMAINS LOCA	TED A
ļ		CREMATED REMAINS O	THER	G. SHIP IN TO CALIFORNIA			1		4	
Ì	D. SCIENTIFIC USE	TERY_	·	D. TRANSIT TO OUTSIDE O			+4.		4 4	
	BURIAL	Mt. Hope	DRESS OF CALIFORNIA CEMETERS Commetery 3751 Hai po, CA 92102		11B. DATE BURIER	D 110	SIGNATURE OF PER	RSON IN CH	HARGE OF BL	JRIAL
BLE ITEMS		Crematic	press of California Chemato on Services, Inc. tune Way Vista, Ca	secondaria () seco	128. DATÉ CRÉM	ATED 120	SIGNATURE OF PE	RSON IN CH	HARGE OF CH	REMATION
ALL APPLICABLE	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	13B, DATE RECEI	VED 130	SIGNATURE OF PE	RSON IN C	HARGE OF FA	CILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPPI	ED 140	ADDRESS AND SIG OF PLACING WITH			CHARGE
and the same of th	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE, OR C IDENTIFY FINAL PLACE AND CA DI EA, <u>ONLY</u> ENTER LATITUDE AND LO	STRICT OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PE CHARGE OF DISPO	0.0000000000000000000000000000000000000	150. LICENSE CREMATED R POSER — IF	

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

NT NEED	City of San Diego

REA-104 (3-04)

11.00	11-24-04 17	139114	24104
You are hereby authorized and instruction	ted, subject to your rul		ter the remains
DN COLLOT.	DLEY	ime Weds O	lec 11
Type of Burtal Container	Funeral, date, t		ALMortuary.
Church, Chapel, Graveside		and the state of t	30
All Funeral cars must arrive before 3:0	0 p.m. of regular work	day or an extra charge	of \$
will be applied and billed to undersigne	d		
Division 12 Section 1	Blk/Row	Lot 3(g Gran	ve_10_
Grave space & Care Fund		In .	98500
Overtime/Late Arrival Fees	FA	10	
Opening/Closing & Setup	NOV 2	2004	413.00
Burial Container			418.00
		E CEMETERY	352.00
Flower vases Marker setting fee			
Recording/Filing/Transfer Fees			5-0 M
			32.50
Janos Idayo ,		Total Due	2414.3
	Paid receipt number	R-58260	2414.3
	rad receipt number		0
h.	spand	Balance dué	and the supplementation of
and this is your authority to make disp	osition of remains as	above indicated I certif	named decedent by and represent
that I have the right to make this authoral liability on account of said authoriz-	rization and I agree to ation and interment.	hold Mt. Hope Cemeter	y harmless from
	× 1-0	WI Krall	161
I hereby authorize the interment in lot I hold under deed.	Print Name	W Brad	1 To
Alant/ Rede	700,00		iaria jeri
Signatur	CHY	Diego	72/14
141	. KC61	9) 262-9	OII
Online	107 - Table 107 (A		
Y = 18824	Invoice #		
Work Order # E	Acct. # _		

© Printed an recycled paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY



GRAVE BLIND CHECK FORM

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

				1927
	8 7			
		x		
	- 8			
$\neg +$			- 4-	

Blind Check Initiated By:	Dete:
	Date:
nterment space for: Rosie	Snadley
Interment Date: 12-1-04	Time: 11:00 Chy
Div: 12 Sect: 1 Blk/Row:	Lot: 36_ Gr: 10
Grave Laid out by: Ken and	1 David
Agrees with Legal Card: A	□ No
Agrees with Map: Mayes -	

Blind Check & Verified By: Date: 11-26

E-18224

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1.4	NAME OF DECEDI	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	THE COLD CHO!	2. DATE OF BIRTH 3	DATE OF DEATH 4. SEX
	ROSIE	W. A.	ALBERTA	BRADLEY		07/10/1924	MONTH, DAY, YEAR 11/22/2004 F
5/	L CITY OF DEATH			5B. COUNTY OF DEATI	- OUTSIDE CALIF.	S. NAME, RELATIONSHIP, FULL MA OF INFORMANT	ILING ADDRESS AND ZIP CODE
1	LA MESA			SAN DIEGO		JOE W. BRADLEY-HUS	SBAND
7A	CALIFORNI	A BURIAL CH		LAND AVEIFA	PPLICABLE	5352 SANTA MARIA 1 SAN DIEGO, CA 921	14
+	ACKNOWLEDGEMENT OF	annual I hereby adkn	FORNIA 91950 owledge as applicant that the proposed dispositi and Safety Code, and was authorized pursuent	on stated herein is one of the dispositions as	thorized by Section 103055	BA. SIGNATURE OF APPLICANT—A	11/30/2004
_	PERMIT	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTH	9A, AMOUNT OF FEE PAID	98. DATE PERMIT IS 11/30/200		REGISTRAR ISSUING PERMIT
100	AUTHORIZATION OF LOCAL REGISTRAR		N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	\$13.00	C. RUSS	2420132	
1	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	VITAL RECO	EGISTRAR OF DISTRICT OF DE JED IN CALIFORNIA DRDS-P.O. BOX 85 CA 92186-5222	IF DIS		DISTRICT OF DISPOSITION — N ANOTHER DISTRICT IN CALIFORNIA	
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	F CREMATED REMAINS C	OTHER	F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE ((Name and Address):	INS — REMAINS LOCATED A
	BURIAL	MT. HOPE	DORESS OF CALIFORNIA CEME CEMETERY 3751 MA . CALIFORNIA 921	RKET ST.	12/1/04	11C, SIGNATURE OF PERSO	N IN CHARGE OF BURIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREM	MATORY	12B. DATE CREMAT	TED 12C. SIGNATURE OF PERSO	IN IN CHARGE OF CREMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	DORESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	138. DATÉ RECEIVI	ED 13C. SIGNATURE OF PERSO	IN IN CHARGE OF FACILITY
COMPLETE A	TRANSIT	177 CONTO 1025 PROTES CASCASTON CONT	DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO		148. DATE SHIPPEI	D 14C. ADDRESS AND SIGNAT OF PLACING WITH THE	URE OF PERSON IN CHARGE CARRIER
100	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, DIDENTIFY FINAL PLACE AND C BEA, <u>ONLY</u> ENTER LATITUDE AN	A DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	15C: SIGNATURE OF PERSO CHARGE OF DISPOSITI	[17.405] (24.47.75.71.77.98.71.10.77.77.71.15.71)

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

ATED

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San 12-03-04 12:23 PAID

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time | L Church, Chaper, Gravesive 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. ~ Grave space & Care Fund Overtime/Late Arrival Fees Burial Container..... Handling Fees..... Flower vases - Marker setting fee Recording/Filing/Transfer Fees..... Paid receipt number Balance due I hereby certify I am the NOTHE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I 18825 Invoice #

O Printed on recycled paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY

E18825

GRAVE BLIND CHECK FORM

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

142 14800	100		2			30 30
1386	e = 100	19	8: 16			I
1			x		## ##	
		n	a no	mes		
			60			1

					*
Blind Check I	nitiated By:	Mae	la	Date: <u>/</u>	2/3/0
Blind Check I Interment spa Interment Dat	ice for: Ry	ann	a We	eight	-11
interment Dat	e:Tue. I	2/7/	by Time: _	1:00	
Div: 9 8			1)	364	Gr:
Grave Laid or				~	
Agrees with L	00000000000000000000000000000000000000		□ No	Flo	ag
Agrees with M	2/5%		□ No	- 1	10/1/2
Blind Check	& Verified 1	34. 422	Gentle	manine	18/4/0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 18825

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

16	. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	1C LAST (FAMILY)	WWW.EGG.CG.CG	I		3. DATE O	F DEATH	4. SEX
	RYANDE		MARTE	WRIGHT		-/-	MONTH DAY YEAR 1	MONTH, 0	AY, YEAR	
5/	CITY OF DEATH		L. January	5B. COUNTY OF DEA	TH - OUTSIDE CALIF.		RELATIONSHIP, FULL MA	AILING AD	DRESS AND	
	SAN DIEGO			SAN DI			ORMANTTARIKKA			
7,4	SAN DIEGO	MEMORIAL (VERSITY -F	APPLICABLE	CA	ER 2951 L 87 92102	REET	SAN I	IEGO
	VARROE	SAN DINGO,	CA 92104	FD-1	575	BA. SIGNA	ATURE OF APPLICANT-10	rson taking perm	88. DATE	SIGNED
	ACKNOWLEDGEMENT OF	APPLICANT I hereby action of the Health	owledge as applicant that the proposed disposition and Salety Code, and was authorized pursuant to	n stated herein is one of the dispositions Section 7100 of the Health and Sefety C	sufficized by Section 103055 ode	► K	onme truso	ノ	12/06	/2004
1	AUTHORITATION CO.	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHO IN SPECIFIED IN THIS PERMIT. IN MIGHT OF DISPOSAL OUTSIDE OF CALIFORN		12/06/20		9C. SIGNATURE OF LOCAL I	REGISTRAR	ISSUING PE	RMIT
100	LOCAL REGISTRAR	BD. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEA ED IN CALIFORNIA VITAL BI 222 SAN DIEGO, CA	CORDS 9E ADI	DRESS OF REGISTRAN O ISPOSITION IS TO OCCUR		T OF DISPOSITION — R DISTRICT IN CALIFORNIA			
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C	OTHER	E. TEMPORARY ENVAUL F. DISINTERMENT G. SHIP'IN'TO CALIFORN H. TRANSIT TO OUTSIDE	iiA		I. DISPOSITION PENI (Name and Address)	DING — REI	MAINS LOCAT	TED A
	BURIAL		CEMETERY 3751 M , CA 92102		11B. DATE BURIED) 110 >	SIGNATURE OF PERSO	ON IN CHA	AGE OF BU	RIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMA	ATORY	12B, DATE CREMA	ATED 120	SIGNATURE OF PERSO	ON IN CHA	AGE OF CA	EMATION
ALL APPLICAR	SCIENTIFIC USE	13A, NAME AND AS	ODRESS OF CALIFORNIA FACILIT	TY RECEIVING REMAINS	138, DATE RECER	VED 13X	C. SIGNATURE OF PERSO	ON IN CHA	AGE OF FA	CILITY
COMPLETE /	TRANSIT		ODRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO B		14B. DATE SHIPPI	ED 140	C. ADDRESS AND SIGNAT OF PLACING WITH THE			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, C DIDENTIFY FINAL PLACE AND CA EA, <u>ONLY</u> ENTER LATITUDE AND	A DISTRICT OF DISPOSITIO	15B. DATE OF DISPOSITION	\$100 person	C. SIGNATURE OF PERSO CHARGE OF DISPOSIT	ION :	15D. LICENSE CREMATED RE POSER — IF A	EMAINS DIS-

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

	Date /1-	4.04
		8324
You are hereby authorized and instructed, subject to		er the remains
of William Tay.	lor Jr.	
in a DD. CRUPT A Funera	d, date, time Mon. Nov &	0 1:00
Church Chapel, Graveside	Preferred	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regul	lar work day or an extra charge of	1\$
will be applied and billed to undersigned.	8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Division/_ Section/_ Blk/Row_	Lot /22 Grave	8_
Grave space & Care Fund	***************************************	985.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		413.00
Burial Container		418.00
Uandina Fase		2-0 m
Flower vases - Marker setting fe NOV 0 4 2004		
Recording/Filing/Transfer Fees		50.00
Sales taxes DAID		32.40
FAID	Total Due	2250.40
NOV 0 4 2004 Paid receipt	number R-50,00	2250.90
NOT 0 1 2001	PC Balance due	0
I hereby WOUNT HODE CHARSTED V	nains as above indicated. I certify	amed decedent and represent
that I have the right to make this authorization and I any liability on account of said authorization and inter	agree to hold Mt. Hope Cemetery	harmless from
Acceptance of the second	Rose C. Tay	lar
I hereby authorize the interment in lot I hold under deed.	Print Name	200
Dose C. Daylor	Styll Innsdale	COL
Skinfelike O	San Diega.	92119 Zy Codo
- - - (619) 475- 864	8
18826	70750446	
E 100Z0	Invoice #	
Work Order # E	Acct. #	
REA-104 (3-04) This information is	s available in atternative formats	upon request.

@ Printed on recycled paper

MT HOPE CEMETERY

E-19826

GRAVE BLIND CHECK FORM

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

	Banks) west	x	How	ves	
		mc Knigh	P			
		1		1	1	
	100		a de la constante	- Commercial		te: <u>//-\$</u>
ntermen	t space fo	or. Will,	ian	Taylon	dr	
ntermen	t Date: _	11-8-0	04	Time:	1:00	5
)iv:	_ Sect:	_/_ BIK	/Row: _	Lo	t:/22	Gr: <u>8</u>
Grave La	id out by	:				
Agrees w	ith Legal	Card: 191	es	O No		
Agrees w	vith Map:	☑ Yes		No	File	X
			- 12	L	20	1

Blind Check & Verified By: Kenneth Callins Date: 1/4/4

E18826 15

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

4			USE BLACK INK ONLY - MA	KE NO ERASURES, W	HITEOUTS OR OTHE	H ALTERATIONS		
1/	NAME OF DECEDE		1B. MIDDLE	1C. LAST (FAMILY) TAYLO	r JR.	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
5	A. CITY OF DEATH					IAME, RELATIONSHIP, FULL	MAILING ADDRESS AN	D ZIP CODE
S	an Diego		1	San Diego	1	FINFORMANT ROSE CATOLE TA	vlor - Wife	
3	SafeFied S	coness of California remation and on Boulevar California	A-FUNERAL DIRECTOR OR PERSON 4 Burial 4 Ste., A 92104		PPLICABLE S	8611 Inns chio an Diego, Cali signature of applicant	fornia 92104	E SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby action of the Health a	whidge as applicant that the proposed disposition st and Salety Code, and was authorized pursuant to Se	ated herein is one of the dispositions au ction 7100 of the Health and Safety Cor	thorized by Section 103055	Warkland	11/	12004
0	PERMIT	THE CALIFORNIA HEALTH.	I ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT. RIGHT OF DISPOBAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT ISSU 11/04/200 Mark Jenkin		AL REGISTRAR ISSUING P	ERMIT
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURR		₽ DIS	TESS OF REGISTRAR OF DI POSITION IS TO OCCUR IN AN	STRICT OF DISPOSITION — KOTHER DISTRICT IN CALIFORNIA		
	B. CREMATION	CREMATED REMAINS O		E. TEMPORARY ENVAULTS F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE (·	I. DISPOSITION PI	ENDING — REMAINS LOCA (8)	ATED AT
1	BURIAL	Mt. Hope Co	DRESS OF CALIFORNIA CEMETER BETTE THE STREET S.D. CA		11/8/04	11C. SIGNATURE OF PER	SON IN CHARGE OF B	URIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	DRY	128, DATE CREMATED	12C, SIGNATURE OF PER	SON IN CHARGE OF C	REMATION
ALL APPLICA	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	ISON IN CHARGE OF F	ACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH T		CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CA C EA, <u>ONLY</u> ENTER LATITUDE AND L	ISTRICT OF DISPOSITION	15B, DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION CREMATED	E NUMBER OF REMAINS DIS- APPLICABLE

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



AT NEED IN GRAVE OF FEISIAND OF FEISIAND

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

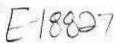
Date 11-4-04

	bject to your rules and regulations, to inter the remains
OF SERGIO ES	STRADA & 208350
The second secon	Funeral, date, time Tue, H-16-04 ellie
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 12 Section 3 BII	k/RowLot_25_Grave_3_
Grave space & Care Fund	AID —
Overtime/Late Arrival Fees	AID
Opening/Closing & Setup	116-
Opening/Closing & Setup	1042004 61
Handling Fees	66-
Handling Fees Flower vases – Marker setting MOUNT H	OPE CEMETER
Recording/Filing/Transfer Fees	50
Sales taxes	1173
Jaios 16,465	297 -
Paid	receipt number R × 68200 29773
2116	Balance due
hereby certify I am the 2/37 & and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	0 1 1 11
hereby authorize the interment in lot I hold under deed. Hraculo Lelloud	Prin Name 255 CONSFER
I.D. Resident Fee	Chy (6/9) 424-9/33 Neephone
= 18827	Invoice #
Work Order # E .10027	Acct. #

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This information is available in alternative formats upon request.





GRAVE BLIND CHECK FORM

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

			-			
	Colorell	Gamble	e x	Mel	Zíls	
		(SE) (F)	755		Date:	11/15
	nt Date: 2_ Sect: _	W.72963		-1//9R46/01	11/ ot:25_ G	r: <i>3</i>
Grave L	aid out by:	Norma	an fe	que	~	<u> </u>
	with Legal with Map:				5/026	
oor s we	heck & Ver				Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 1/696

USE BLACK INK ONLY - MAKE NO EBASLIBES, WHITEOUTS OB OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE SERGIO						3. DATE OF DEATH	4. SEX	
					11/03/2004	М		
7/	BAYVIEW CR	DORESS OF CALIFORNIA - FUNERAL DIRECTOR OF PERSON EM. & BURIAL, 815 THIRD AVE. A, CA 91911	ENTER STATE S ACTING AS SUCH 78. C #315-B	AN DIEGO ALIF LICENSE NUMBER F APPLICABLE D-1713	ROSAL 3154 SAN I	CORMANT LIA JOHNSON L ST. DIEGO, CA 92	MAILING ADDRESS AN	ZIP CODE
	ACIGNOWLEDGEMENT OF A	Therefore independently are applicant that the represent discontinue	lated herein is one of the dispositio	ns authorized by Section 103065	10	-1.14	ul 11/	STAN
-	PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORMA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT HOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98 DATE PERMI 11/08/2 T.MITCH	004	9C SIGNATURE OF LOCA 2418835	AL REGISTRAR ISSUMG P	EAMIT ,
1		BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA BOX 852 SAN DIEGO, CA 92186-5222		DDRESS OF REGISTRAR DISPOSITION IS TO OCCU		T OF DISPOSITION — R DISTRICT IN CALIFORNIA		
1	THAN IN A CEME D. SCIENTIFIC USE	11A. NAME AND ADDRESS OF CALIFORNIA CEMETE			D 110	(Name and Addres	ENDING — REMAINS LOCA SON IN CHARGE OF BU	~ (TC 889Es.
	BURIAL	MT. HOPE CEMETERY, 3751 MAR SAN DIEGO, CA 92102	KBI SI.	11/16/0	4 >	12/11/2		
BLE ITEMS		12A. NAME AND ADDRESS OF CALIFORNIA CREMAT COUNTY CREM. 192 COMMERCE DR	., PERRIS,C	11/09/200	MATED 12	0.00	SON IN CHARGE OF CI	REMATION
ALL APPLICABLE	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECE	IVED 13	C. SIGNATURE OF PER	SON IN CHARGE OF FA	ACILITY
COMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPI	>ED 14	C. ADDRESS AND SIGN OF PLACING WITH T	IATURE OF PERSON IN HE CARRIER	CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A, ADDRESS, NEAREST POINT ON SHORELINE, OR SUFFICIENT TO IDENTIFY FINAL PLACE AND CAL IF BURIAL AT SEA, ONLY ENTER LATITUDE AND L	DISTRICT OF DISPOSIT	15B, DATE OF ION. DISPOSITIO	B - CC	C. SIGNATURE OF PER CHARGE OF DISPOS		

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

MT. HOPE CEMETERY Jeed Charle INTERMENT ORDER

W b- C G	City of San Diego	A control Course
otal of a	Date 11	124/04
· A . I	icted, subject to your rules and regulation	ns, to inter the remains
VALUE OF THE PARTY	nason se	D-01 110
in a POH VAUCT	Funeral, date, time wear	S Dec 1 1:0
Church, Chapel Graveside	: Conc	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 undersig	ned	
Division 10 Section	Blk/Row Lot 137	7 Grave /
Grave space & Care Fund E -	18527	651.00
Overtime/Late Arrival Fees	***************************************	
Opening/Closing & Setup		154.00
Burial Container	- NAIN	81.00
Burial Container	PAID	88.00
Flower vases - Marker setting fee		- P
Recording/Filing/Transfer Fees	MOV 2 L 2001	66.00
MOU	NT HOPE CEMETERY.	1096,28
	Paid receipt number Visa Ca	d 1046.28
		nce due
I hereby certify I am the	ii L-	above named decedent
and this is your authority to make di	sposition of remains as above indicated horization and I agree to hold Mt. Hope (. I certify and represent
I hereby authorize the interment in to	Print Name	DONASON
hold under seed.	427 4	otz St.
Stormu	Spring Valle	y CA. 91977
	Cary (619) 475-1	Z 3 o D
wette 10000	Telephone	
= 18828	Invoice #	
Work Order # E 10020	Acct. #	
HOLDING CONTROL SERVICE		The state of the s

@ Printed on respeled paper

MT HOPE CEMETERY

E-19828

GRAVE BLIND CHECK FORM

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

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3lind Check	Initiated By	Paule	He.	_ Date:	11-29
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nterment Da	ate: 12-1-	-04	Time:	100	
Div: 10	Sect:	_ Blk/Row:_	Lot	1377	Gr:_)
Grave Laid					
Agrees with	Legal Card	: ØYes	□ No	Fla	(
Agrees with			No	()
	CONTRACTOR INCOME.	By: Sail	Donus	J Date	:11-29-6

18928 3180

CHARGE OF DISPOSITION

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT-FIRST (GIVEN) IR MIDDLE 2. DATE OF BIRTH 3. DATE OF DEATH 1C. LAST (FAMILY) MONTH, DAY, YEAR MONTH, DAY, YEAR ALLEN BOYD JONASON 02/01/1935 11/22/2004 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF., 6 NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE ENTER STATE Spring Valley San Diego Carole M. Jonason - Wife 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF LICENSE NUMBER 427 Hotz Street -IF APPLICABLE Conrad Lamon Grove Mortuary Spring Valley, CA 91977 7387 Broadway - Lemon Grove, CA 91945-1533 FD9A1 SIGNATURE OF APPLICANT—Person taking permit, 88. DATE SIGNED I hereby acknowledge as applicant that the proposed discouline stated herein is one of the dispositions authorized by Section 10376 of the Health and Substy Code, and was authorized persuant to Section 7100 of the Health and Safety Code. 11/23/2004 ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9A. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT Kim Beauliem 2419796 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT. \$13.00 11/23/2004 NOTE: THIS PERMIT GREEN NO MIGHT OF DISPOSAL QUITING OF CALIFORNIA LOCAL REGISTRAR 80. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOS OF MALTIN SERVICES IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL VITAL RECOMDS P.O. BOX 85222 SAN DIRGO, CA 92106-5222 DISPOSITION 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING REMAINS LOCATED (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C SIGNATURE OF PERSON IN CHARGE OF BURIAN 118 DATE BURSED Mount Hope Cemetery 3751 Market Street BURIAL San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON N CHARGE OF CREMATION Oceanview Cremetory 1625 Gisler Avenue CREMATION Costa Masa, CA 92626 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED! 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, MEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-SIGNATURE OF PERSON IN 15D. LICENSE NUMBER

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.

FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

15B. DATE OF

DISPOSITION

SCATTERING AT SEA

DISPOSITION OTHER

THAN IN A CEMETERY

OF CREMATED RE-

MAINS DISPOSER

-IF APPLICABLE



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/29/04

1 in - 1- /	cted, subject to your rules and regulations, to in	nter the remains
" Liver, con	ling Jones	10:00
in a LINER	Funeral, date, time 12/2/04	10.00
Church, Chapel, Graveside	: Kagedale	Mortuary.
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersign	ed	
Division // Section	 Blk/Row Lot Lot Gra	2
MAN Swans	0	OSE -
Grave space & Care Fund		-703
Overtime/Late Arrival Fees		·· —
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CONTINUE CONTINUE OF THE PARTY	FAIL	160-
R	-482TD	Water National State of the Sta
Howevases Marker setting for C.	≶ፄ እ ^{ገን} NOV 3 0 2004	
Hecording/Filing/Transfer Fees		50
Sales taxes	MOUNT HOPE CEME	TERY 16
	Total Due	1 1 1 1 1 1
aroturipu	Paid receipt number R-S& 269	183320
to pay	Balance du	(2)
70 07		
I hereby certify I am the X and this is your authority to make dis that I have the right to make this auth- any liability on account of said authori.	position of remains as above indicated. I cert orization and I agree to hold Mt. Hope Cemete	named decedent ify and represent iry harmless from
		La c
I hereby authorize the interment in lot hold under deed.	Print Name	Me
11010 411001 50001	X V	M. O. J.
Signature	Address De	Sor.
S-10	a colo	MA Zip Code
R) more	Megrone De N	Par
Work Order # E 18829	Invoice #	50
Work Order # E 10029	Acct #	

MT HOPE CEMETERY [18829

GRAVE BLIND CHECK FORM

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

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Agrees wi	ran-an representativa espera		1.	lo ,	hin.	0
Blind Che	ck & Ve	rified By:_	DARKE	71	Date:	11-29-64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18829

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

1A. NAME OF DECEDENT—FIRST (GIVEN)		ENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			ATE OF DEATH 4. SEX	
ALBERT COLLINS			JONES		0371671926 117	26/2004 M		
SA. CITY OF DEATH LA MESA 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON AND AND AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON AND AND AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR			SAN DIEGO NACTING AS SUCH 78 CA	LIF. LICENSE NUMBER	6. NAME, RELATIONSHIP, FULL MAILIN OF INFORMANT MELISSA C. JONES, WI 3934 HILLTOP DRIVE SAN DIEGO, C# 92102			
	AN DIEGO,				N 22	8A. SIGNATURE QEAPPLICANT Person to	Angermat 88 DATE SIGNED	
-	ACKNOWLEDGEMENT OF	I hereby ackn	oeledge as applicant that the proposed disposition and Safety Code, and was authorized pursuant to	stated herein is one of the disposition	a authorized by Section 103055	· V Quino	11/29/2004	
	PERMIT	THIS PERMIT IS ISSUED II THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR IN SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FEE PA	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		STRAR ISSUING PERMIT	
	AUTHORIZATION OF LOCAL REGISTRAR		D RIGHT OF DISPOSAL OUTSIDE OF CALIFORN	13.00	V. DAVIS	No.		
10	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	IF DEATH OCCURR	EGISTRAR OF DISTRICT OF DEAT RED IN CALIFORNIA DS, P.O. BOX 8522 CA 92186-5222	IF		IF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	-	
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE		3	F. DISINTERMENT G. SHIP IN TO CALIFOR D. TRANSIT TO OUTSID	DE OF CALIFORNIA	(Name and Address)	The second secon	
	BURIAL	MT. HOPE	CEMETERY; 3751 M	THE RESERVE AND ADDRESS OF THE PARTY OF THE	118. DATE BURIED	11C. SIGNATURE OF PERSON II	CHARGE OF BURIAL	
RE ITEMS	CREMATION		ODRESS OF CALIFORNIA CREMA	TORY	12B. DATE CREMA	TED 12C. SIGNATURE OF PERSON II	CHARGE OF CREMATION	
ALL APPLICABLE	SCIENTIFIC USE					1SC. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUREMAINS OR CREMATED REMAINS ARE TO BE SHIP SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUREMAINS OR CREMATED REMAINS ARE TO BE SHIP 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIPTION OF THE BURIAL AT SEA, ONLY ENTER LATITUDE AND LONG				14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA			
			DISTRICT OF DISPOSIT	0N. DISPOSITION	15C. SIGNATURE OF PERSON II CHARGE OF DISPOSITION			

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

ATED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diago

DANS _11/29/04

or <u>albest</u> Coll		
ina LINER	Funeral date time 12/2/04	10:00
Church, Chapel, Graveside	Ragedal	e_ Moreury.
All Funeral cars must arrive before 3:01	0 p.m. of regular want day or an exist char	ge at \$
will be applied and blied to undersigns	id	
Division Section		Grave 2
Grave space & Care Fund	annangsage officially a company had been the company and a self-construction	985
Ovenime/Late Arrival Feas	akta diperangangan-una-pangangan pangan kapantapat i pangankananan anta	
Opening/Dissing & Saturo	de la company de	413
Burlei Compliner		209
Handling Fees	· tyrridga (18. gyda), gwarawan y padd (canalagura, gwaragan gwaffa (dw.) pa	160
Flower veses - Market entire 456		
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مأد د	Total Ove	1833
moetrally to pay	Relance	due
I hereby certify I am the Wife and this is your authority to make dis- that I have the right to make this autho- any liability on account of said authority	position of remains as above indicated. I a	we named decedent senity and represent setary harmides from
I hereby authorize the interment in lot I	Melissa C.	Jones
hold under dead.	CLEM WIND	Drive
melisa Gover	- X San Diego, (A 92102
(R) moria	(619)264-0086	

The immediate is available in sitemative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

at need

REA-104 (9-04)

City of San Diego

(Ht III	City of San Diego		12
		Date 11/29	104
	11-20-04 10:		9 N
ou are hereby authorized and instruct			
Lrene M	arie Tuml	inson -	25581
a Liner	Funeral, date, time	Friday Dax	3 /:
Type of Burial Container thurch, Chapel Graveside		onrad	Mortuary
Il Funeral cars must arrive before 3:00	p.m. of regular work day	or an extra charge	nna
rill be applied and billed to undersigne	d, 0 <u>e</u> —	R William	*
Division ZOOF Section	BIDROW	Lot 20 Grav	/e_Z
Grave space & Care Fund	1-1243		0
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"CO-8 12 (Paid receipt number		
, 460-8747		Balance due	0
hereby certify I am the		of the above	named deceden
nd this is your authority to make disp nat I have the right to make this autho ny liability on account of said authoriz	rization and I agree to hol	ve indicated. I certil	ly and represen
hereby authorize the interment in lot I	Y		Charles of
old under deed.	Prest Name	n. the	M
	Address	0	W \\
gneture	Con	See or f	Zip Cod
Paulette 19970	*Glephone	Fa	
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Vork Order # E 18830	(0.636660)21.		-
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This information is available in alternative formats upon request.

MT HOPE CEMETERY [18830

GRAVE BLIND CHECK FORM

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

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	W.					
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California Difference Control	and the second second				1/1	
Blind Chec	k & Ver	ified By:	pland	Norieg	ي ^L Date:	-

E-18830

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE		IC. LAST (FAMILY)		2. DATE OF BIRTH		. SEX	
IRENE MARIE 1			TUMLINSON		05/19/1903	11/25/2004	7
A. CITY OF DEATH			68. COUNTY OF DEATH	OUTSIDE CALIF.	8. NAME, RELATIONSHIP, FULL		CODE
Le Mesa			ENTER STATE	an Diego	OF INFORMANT Jeanvieve M. A	llen - DPOA	
Conrad Lem	on Grove Mo		and the second of the second	FAPPLICABLE	10231 Pebble B Santee, CA 920 8A. SIGNATURE OF APPLICANT—	71	SIGNED
ACKNOWLEDGMENT OF AP	o receive I hereby a	chaowledge as applicant that the prope	used disposition stated herein is one of the mad authorized personni to Section 7100 of the	dispositions authorized by	Kim krau	les 12/02/	
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	MED IN ACCORDANCE WITH F ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPEC DIRECT OF DISPOSAL OUTSIDE OF CALL	617 00		Lieu 2420271	ocal registrar issuing P	PERMIT
INY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	CO. OF EAST	CASTRAN OF DISTRICT OF DINGO DEPT. OF HEJ DES P.O. BOX 85222 CA 92186-5222			OF DISTRICT OF DISPOSITION- R IN ANOTHER DISTRICT IN CALIF		
O. AUTHORIZED DISPO	DISTROPAN(S) CHECK A	PPLICABLE ITEMS	AND THE RESERVE OF THE PERSON		FOR CO	ROMER'S USE ONLY	
B. CREMATION		AINS OTHER	F DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PRNIA	(Name and	PENDING-REMAINS LOCA Address)	HED A
BURIAL	Mount Hop 3751 Mark	odress of California C e Cemetery et Street . CA 92102	EMETERY	118. DATE BURIE	M. Ge	RSON IN CHARGE OF BURIL	((((((((((
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			DATE CREMA	ED 12C. SIGNATURE OF PER	rson in Charge of Crema	ATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			138. DATE RECEP	PED 13C SIGNATURE OF PER	RSON IN CHARGE OF FACIL	LITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B, DATE SHIPPE	D 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CH THE CARRIER	ARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGURET TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PEI CHARGE OF DISPO		ED RE-

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



CONRAD LG MORTUARY

PAGE 01

MT. HOPE CEMETERY

INTERMENT ORDER

GE TIE	City of San Diego		1	68
0 -		Date 11	129/04	
	11-29-04 10	1.41		
You are hereby authorized and instruct			s, to imar the remains	
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ina Liner	Funeral, date, ti	mo Tiday	Nov. 3 /:	00.
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All Fulleral cars must arrive before 3:00	p.m. of regular work	day or an extra c	harge or a	•
will be applied and bried to undereigne	d		***********	G 5
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and this is your authority to make disp that I have the right to make this suther	ostion of remains as i	abová indicates. hold Mt. Hope C	I certify and represent American harmless from	đ
any liability on account of said authorize	ation stad interment.		GROVE MORTU	
	X	L CLIMA	1	7
I hereby au thorize the interment in lot I hold under deed.	CHANNE	2000	James	-
	X 7387			
Honor	LEMON	GROVE,	CA 91945	30
LIVING RELATIVES/	619/4	60-4601	29.00	311
MORTUARY	Low			
Paule Mortuary	involoe #			-0
F 18830	Acct. #			137
	Par. F			

T HOPE CEMETERY

INTERMENT ORDER

City of San Diego

11-29-04 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Division Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container..... Handling Fees..... Flower vases - Marker MOLUNT HOPE CEM Sales taxes aid receipt number of the above named decedent and this is your action, to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Simmor I hereby authorize the Interment in lot I hold undendeed. So. Fuelid Ave Invoice # 18831 Acct. #

	£ 19831		
SENDER; COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 	A. Signature X. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delibery C. Date of Delibery C. Date of Delibery C. Date of Delibery		
1. Addressed to: Selena Simmons 211 So. Euclid Ave San Diego, Ca. 92114	D. Is delivery address different fifting item 1? Yes If YES, enter delivery address below:		
	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.		
_	□ Yes		
2.	= *		
=			

Office of the City Treasurer | City of San Diego

Refer Family To Collections [1883]

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.

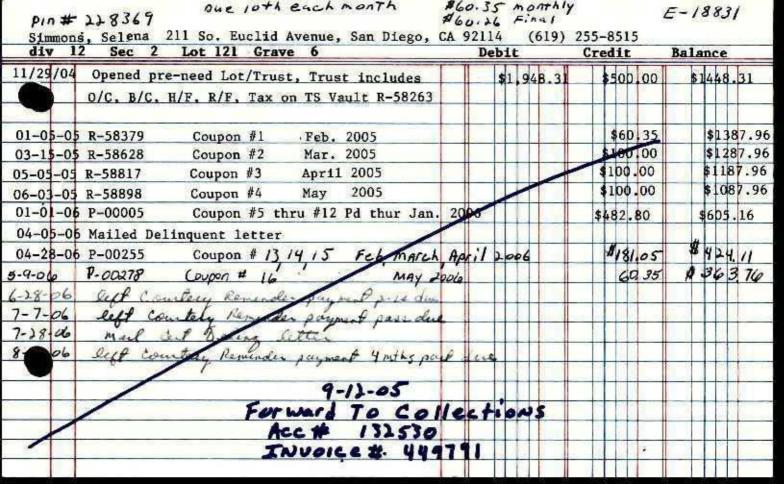
1010 Second Avenue, 6th Floor West Tower San Diego, CA 92101

(619) 744-3100

Fax: (619) 533-3840

E-mail: collections@sandiego.gov

To voice # 149791



ACR07I

Collection INVOICE INQUIRY

INVOICE: 441671 ACCOUNT: 130585

INV TOTAL:

NAME: SELENA SIMMONS

INVOICE STATUS

DISPOSITION

DATE 05/03/06 AMOUNT

605.16

VOID

COLLECTION ACTIONS

LATE NOTICE - 1ST:

REFERRED TO - TREAS COLLECTION:

- 2ND:

- CITY ATTORNEY

- 3RD:

- COLLECTION AGENCY:

LATE CHGS BILLED

DATE

INVOICE

AMOUNT

LATE CHG-1:

-2:

DEPRESS PA1 KEY FOR NEXT SCREEN

5-3-06 This family was sent to collections, then envouce was voided because bamily caught up on payments and payments are on time. Spake with Kimberly word a she was able to void invoice before it was sent to collections If bamily fails to continue payments on time we will generate an invoice & send bamily to collections.

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	ACCOUNT: 132530	INVOICE: 4497	91 INV DATE	: 09 12 06
NAME: SELENA SIMMONS 1) 211 SO. EUCLID AVE		OL CAN DIRECT	00114	
3)		 SAN DIEGO, (4) 	.A. 92114	
CITY: SAN DIEGO	CT. CA	ZIP: 92114	COMPPOV. 619	2558515
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TREAS-REF: Y ENCLOSUR				
TIME PAYM CODE: _ S'				
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ACROIU PSWD:

CUSTOMER MASTER

short name q-17-06

ACTION A

OPTION 1

ACCOUNT 132530

CUSTOMER NAME

SELENA SIMMONS

ADDRESS: 211 SO. EUCLID AVE

SAN DIEGO, CA. 92114

CITY

STATE

ZIP

COUNTRY

SAN DIEGO

92114

6192558515

CUSTOMER CONTACT - NAME

MT. HOPE CEMETERY

PHONE ORIG DEPT 619 527 3400 072

STATEMENTS

UPD BY

LAST UPDATED 09/12/06

SSB

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PA1 FOR NEW REQUEST.

ACR07I

INVOICE: 449791

ACCOUNT: 132530

INVOICE INQUIRY

INV TOTAL:

NAME: SELENA SIMMONS

PAYMENT DATA

APPLIED 09/29/06 RECEIVED

AMOUNT 363.76 METH

REF NO.

DEPRESS PA1 KEY FOR NEXT SCREEN

PG

363.76

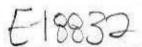


INTERMENT ORDER

City of San Diego

Date 11/29/04

of breadela	Espinora 228	361
ina TS Vault	Funeral, date, fine 12/1/04	9:30
Type of Burial Container Church Chapel, Graveside	: GUADALUPA	Amortuary.
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 undersign	ed	
Division 12 Section 1	Blk/Row Lot & Grad	ve 6
Grave space & Care Fund	- DAIN -	985
Overtime/Late Arrival Fees	FAID	
Opening/Closing & Setup	NOV 2 9 2004	4/3
Burial Container		275
Handling Fees	OUNT HOPE CEMETERY ~	204-
Flower vases – Marker setting fee	CONT. HOPE CEMETERY	14.50
Recording/Filing/Transfer Fees	~1	50
Sales taxes		21.31
	PLOS ANTECONO DE	1948.
	Total Due	A MARKET AND A SECOND
		1948
	Paid receipt number & 58266 Balance du	1948
I hereby certify I am the X	Paid receipt number & 58266 Balance du	renosa de apropieta con
and this is your authority to make dis that I have the right to make this auth	Paid receipt number & 58266 Balance due of the above sposition of remains as above indicated. I certle orization and I agree to hold Mt. Hope Cemete	named decedent fy and represent
and this is your authority to make dis that I have the right to make this auth any liability on account of said authori I hereby authorize the interment in Plot	Paid receipt number & 58266 Balance due of the above sposition of remains as above indicated. I certl orization and I agree to hold Mt. Hope Cemete ization and interment. I Hanay Alfan.	named decedent fy and represent ry harmless from
and this is your authority to make dis that I have the right to make this auth any liability on account of said authori I hereby authorize the interment in Plot	Paid receipt number & 58266 Balance due of the above sposition of remains as above indicated. I certl orization and I agree to hold Mt. Hope Cemete ization and interment. I Hanay Alfade 2 924 Quiaist	named decedent fy and represent ry harmless from
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and this is your authority to make dis that I have the right to make this auth any liability on account of said authori I hereby authorize the interment in Plot	Paid receipt number & 58266 Balance due of the above sposition of remains as above indicated. I certl orization and I agree to hold Mt. Hope Cemete ization and interment. I Hanay Alfan.	named decedent fy and represent ry harmless from
I hereby certify I am the hand this is your authority to make distinct I have the right to make this authory liability on account of said authority in hereby authorize the interment in lot hold under deed. Sometime Market A. Sometime	Paid receipt number & 58266 Balance due of the above sposition of remains as above indicated. I certle orization and I agree to hold Mt. Hope Cemete ization and interment.	named decedent fy and represent ry harmless from



GRAVE BLIND CHECK FORM

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

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erment	space fo	ed By: <u>V</u> or: Gre g	oria	ESD	102	a
erment	space fo	r:Greg	oria	ESD	102	a
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terment terment v: 12 rave Lai grees wi	space for Date: Sect: d out by: th Legal	1 BII	pria	ESP Time: 10	102	٥

E-18832

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)				TE OF DEATH 4. SEX
	GREGORIA		-	ESPINOZA				24/2005 F
5/	CITY OF DEATH		70	58. COUNTY OF DEAT			RELATIONSHIP, FULL MAILING A	ADDRESS AND ZIP CODE
	SAN DIEGO			SAN BIBOX)I	MARIA	M. ALZAMIRANO-D	AUGHTER
7.4	GUADALUPAN SAN DIEGO		2, 2608 IMPERIAL	Marian Street	LIF. LICENSE NUMBER IF APPLICABLE	SAN D	MAIL ST. DIEGO, CA. 92102	
_	SHIT DIESO			Name of the last o	-1425	BA. SIGNA	TUBE OF APPLICANT—Person taken	
_	ACKNOWLEDGMENT OF AP	Section 10	0376 of the Health and Safety Code, and a	osed disposition stated herein is one of th was authorized pursuant to Section 7100 of t	he Health and Safety Code.	10	sur Naies	11/20/2004
	PERMIT	SIONS OF THE CALIF	UED IN ACCORDANCE WITH F FORMIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPEC	CODE	SELENE CH	AVEZ	C. SIGNATURE OF LOCAL REP 2420103	GISTRAR ISSUING PERMIT
	OCAL REGISTRAR		NO MIGHT OF DEPOSAL OUTSIDE OF CALL	\$1 33 00	11/30/2	004		
1	IY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 8	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA B5222 CA. \$2186-5222		DRESS OF REGISTRAR DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	*
10	AUTHORIZED DISPO			()		-	FOR CORONER'	S USE ONLY
	8. CREMATION		MINS OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF			L DISPOSITION PENDIN (Name and Address)	G-REMAINS LOCATED AT
-	BURIAL	MOUNT HO	DDRESS OF CALIFORNIA OF CEMETERY, 375		118. DATE BURIE	. 1	SIGNATURE OF PERSON IN	CHARGE OF BURIAN
	indexpressor	SAN DIEG	12-1-0	7 i .	Kuse F.	lanu		
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	IDDRESS OF CALIFORNIA C	REMATORY	128. DATE CREMA	TED 12C	SIGNATURE OF PERSONAN O	CHARGE OF CREMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	ACILITY RECEIVING REMAINS	138. DATE RECE	IVED 19C	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE A	TRANSIT		ODDRESS IN RECEIVING STA CREMATED REMAINS ARE		148. DATE SHIPP	PED 14C	ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
ŏ	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, BENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DESPOSER —IF APPLICABLE

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

INTERMENT ORDER

- 13	Need
M	Ne
-11	William .

REA-104 (3-04)

1	City of San Diego	(B)(0)	and the same
H Need	12-01-04	10924 6410	29-04
	d instructed, subject to your pules		
or Micheo		22837	
in a Liner	Funeral, date, tim		3, 11:00
Church, Chapel, Graveside		Preferred	Mortuary.
All Funeral cars must arrive be	efore 3:00 p.m. of regular work da	y or an extra charge	of \$
will be applied and billed to un	dersigned.		
Division 12 Section	2 BIK/BOW	Lot 210 Gra	ve /
0	PAIN		985.00
Overtime/Late Arrival Fees			
Opening/Closing & Setup	DEC - 3 2004		413.00
Burial Container	=22-2-1		204.00
Handling Fees	MOUNT HOPE CEM	ETERY	160.00
	ı fee		
Recording/Filing/Transfer Fee	S		50.00
Sales laxes	***************************************		16.20
- 114	in the second of	Total Due	1833.2
1 to Par	Paid receipt number _	R-58273	1833.2
lart. to pay		, Balance due	B
I hereby certify I am the	laterenal Au	of the above	named decedent
and this is your authority to m	nake disposition of remains as al- his authorization and I agree to he	ove indicated. I certi	ly and represent ry harmless from
any liability on account of said	authorization and interment.	. 50 ,	7.
I hereby authorize the interme	ntin lot 1	s Sect	iwith
hold-under deed.	A 14877	LOGANH	VE TOY
Straws Tollewill	5nn	DIEGOC	A. 921/3
500 Sept.	x 619.	-263-49	26 Zu Code
aulette 100	Telephone	ala di S	
auto	Invoice # _		
Work Order # E 188	33 Acct. #		Va 13

@ Pricial on recycled paper

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

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nterment :	space fo	r: Mich.	eal Bec	: <u>Кwi}</u> Гіте:[1:00 Chu	
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			2 5		rion)
3lind Che	ck & Ver	rified By	1-64	le	Date:	10/0/01

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 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR Michael. Raynold Beckwith 11/04/2000 11/26/2004 5A CITY OF DEATH 5B. COUNTY OF DEATH - OUTSIDE CALIF. [6] NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT San Diego San Diego Michelle Beckwith - Mother 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER. 4872 Logan Avenue #104 - IF APPLICABLE Preferred Cremation and Burial San Diego, California 92113 3094 El Cajon Bouleyard FD-1746 BA. SIGNATURE OF APPLICANT-Person laking permit :8B. DATE SIGNED San Diego, California 9210 I hereby advisorings as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 ACKNOWLEDGEMENT OF APPLICANT of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code 9A. AMOUNT OF FEE PAID 98 DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 11/30/2004 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. \$13.00 **AUTHORIZATION OF** 2420142 NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA Mark Jenkins LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL P.O. Box 85222 DISPOSITION San Diego, California 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORABY ENVAULTMENT A. BURIAL (INCLUDES ENTOMBMENT) DISPOSITION PENDING - REMAINS LOCATED A (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL Mt. Hope Cemetery 3751 Market Street San Diego, Ca.92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 13B. DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B DATE OF 15C. SIGNATURE OF PERSON IN 15D, LICENSE NUMBER OF CREMATED REMAINS DIS-SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CADISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

/ INTERMENT ORDER

	City of San Diego
the Total of Stille	Date 12-1-04
17 000	, subject to your rules and regulations, to inter the remains
of Samuel Ca	urter Jr. 278379 _
ina T.J. Vault	Funeral, date, time Monday Dec. 6#10
Church, Chapel, Graveside	: Ragsdale, Mortuary.
All Funeral cars must arrive before 3:00 p	o.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 12 Section 2	Blk/Row DALE / 0.7 Grave
Grave space & Care Fund	1310,00
Overtime/Late Arrival Fees	The state of the s
Opening/Closing & Setup	549
Burial Container	CEMETERY OCC-
	MOUNT TOTA
Handling Fees	
Flower vases - Marker setting fee	
	28.817
Sales taxes	7 (90 2
PAY	10-10-10-10-10-10-10-10-10-10-10-10-10-1
LORT. TO PAY	aid receipt number R-38 20 0 2010
Mak.	Baiance due
I hereby certify I am the	of the above named decedent wition of remains as above indicated. I certify and represent
	ation and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name.
gg	Address - (ACCOUNT)
Signature	City Code
	City Telephone Sel attachment Invoice #
aulette - 18831	· super
L 10034	Invoice #
Work Order #	Acct, #

E-18834

GRAVE BLIND CHECK FORM

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

2			26			
1	Wil	hums	x			
Gilland	60	14 Su	llur			
*						
Blind Check Interment sp	Initiated B	y: Paul	ette		Date: [2	13/04
				F20 CONT.		M EI
Interment Da	ite: 12-L	0-04	Tim	e: 1:00)	
Div: 12	#21 - X				07 Gr	
Grave Laid	out by: <u>A</u>	rmom	Feyn	m		
Agrees with	Legal Card	d: 🛘 Yes	Ġ.	No	Clini	
Agrees with	Map; 🗆 🗅	res _	□ No		Mag	
Blind Check	& Verified	By:	ARKE	41	Date:	5-3-08

A. A.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18834

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE Samuel Jerome			18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3	DATE OF DEATH 4. SEX
			Carter, Jr.		d371771963° 11	1730/2004 M	
7A		odress of Californi agedale Mor	a-FUNERAL DIRECTOR OR PERSON tuary; 5050 Federa		LICENSE NUMBER	6. NAME, RELATIONSHIP, FULL MA OF INFORMANT Christa B. Carter 9094 Harness Stre Spring Valley, CA BA SIGNATURE OF APPLICANT—POR	wife et Apt. #1 91977
	ACKNOWLEDGEMENT OF A	I hereby ackn	owledge as applicant that the proposed disposition stands Salety Code, and was authorized pursuant to Se	and herein is one of the dispositions au	harized by Section 103055	N Duis	. 12/03/2004
	AUTHORIZATION OF	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS PECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	98. DATE PERMIT		
M	LOCAL REGISTRAR	9D. ADDRESS OF RE IF DEATH OCCURR	GISTRAR OF DISTRICT OF DEATH	TH — SE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
Ī	B. CREMATION G. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS OF	DRESS OF CALIFORNIA CEMETER Emetery; 8751 Mari	1.00		(Name and Address)	NNG — REMAINS LOCATED A.
NE ITEMS	CREMATION	San Diggo, 12A NAME AND AC	CA 92102 DDRESS OF CALIFORNIA CREMATO	DRY	126,04 128, DATE CREM	ATED 120 SIGNATURE OF PERSO	IN IN CHARGE OF CREMATION
13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAIN: SCIENTIFIC USE				RECEIVING REMAINS	13B. DATE RECE	VED 13C, SIGNATURE OF PERSO	IN IN CHARGE OF FACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY RÉMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				148, DATE SHIPPI	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CH OF PLACING WITH THE CARRIER		
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAD EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	158 DATE OF DISPOSITION	15C. SIGNATURE OF PERSO CHARGE OF DISPOSITI	

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

COPY 2

INTERMENT ORDER

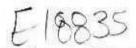
INTER	MENT ORDER
200	ity of San Diego
At need	Dete 12-1-04
You are hereby suggested and instructed, of Samuel Ca	
in T. J. Vault	Funeral dam time Monday Dea. 6 2
Church Chapel, Gransaide	Rogsdale women
All Punera) care must arrive before 3:00 p.s	m. of regular work day or all sales charge of s
will be applied and billed to undersigned.	
Ohrisian 12 Section 2	BINIFION LOS 43 Grave 4 1
Grave apace & Care Fund	PC 1310, 0
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
Opening/Closing & Setup	
Burial Container	366-
Handling Feds	271-
Flower vesses - Marker setting fee	
Recording/Filing/Transfer Fees	66
Sales layes	283
or d	Total Ove
10 PM-1	lid receigt number
WART. TO PAY	Balance due
I TABLESTE COLORS I CIVI) NAS	of the above named decades
and this is your authority to make disposit	N.
I hereby authorize the interment In Iol I	CHRISTA CARTER
Cold under dead.	9094 Harness St Apt
Standard Conte	Seem Valle, CA 9197
Week Order & E 18834	16197 698 - 6063
a lette	916- 9476
18834	Invoice 4
Work Order & E 10004	Acot 3
	rmation is available in stjernetive formats upon reques

INTERMENT ORDER

12-2-04

G.T Need City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ABOOLSHKOR GHAFDURT Funeral, date, time Sat. 100 Church, Chapet Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Division MUS/Insection Lot 156 Grave Grave space & Care Fund Opening/Closing & Setup..... Burial Container Handling Fees..... Flower vases - Marker setting fee TEC-Recording/Filing/Transfer Fees. MOUNT HOPE CEMET Sales taxes ... 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. 18835 Invoice Acct #



GRAVE BLIND CHECK FORM

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

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	х	COME	4	
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Blind Check Initiated By: <u>Par</u> Interment space for: <u> </u>)OLSHK	OR 61	to Four	
Div: <u>MuS.</u> Sect: Blk				ir:
Grave Laid out by:				
Agrees with Legal Card:	/es	□ No	Fle	_
Agrees with Map: Yes		No	All Page-Production	
Blind Check & Verified By:			Date:	

E 198 35

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	ECEDENT—FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	my	2 DATE OF BIRTH	3. DATE OF DEATH 4. SEX
GREENWO	AND ADDRESS OF CALLED	I-805 & INFERIAL	SAN DIEGO ACTING AS SUCH 78. CA	ATH — OUTSIDE CAUF,	6 NAME, RELATIONSHIP, FULL OF INFORMANT FARZIN GHAFOU 7619 STEVENSO SAN DIEGO CA	LMAILING ADDRESS AND ZIP CODE RI-SON N WAY.
ACKNOWLEDGEN	ENT OF APPLICANT I hereby a of the Hee	denomination as applicant that the proposed disposition is the and Safety Code, and was sufferized pursuant to S	tated herein is one of the disposition scient 7100 of the Health and Salety	is authorized by Section 103055 Code.	· Cent	12/03/2004
PERMIT ABTHORIZATION LOCAL REGISTR	THE CALIFORNIA HEAL ITY FOR THE DISPOSITI	DIN ACCORDANCE WITH PROVISIONS OF TH AND SAFETY CODE AND IS THE AUTHOR- ION SPECIFIED IN THIS PERMIT. NO MONORT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	12/03/20 K JONI	04 2420356	AL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DIS TION REQUIRES AT PERMIT TO SHOW F DISPOSITION	90. ADDRESS OF	REGISTRAR OF DISTRICT OF DEATH BRED IN CAUFORNIA CA 92186-5222			OF DISTRICT OF DISPOSITION — I IN ANOTHER DISTRICT IN CALIFORNIA	-
B. CREMATI	TON OF CREMATED REMAIN A CEMETERY RC USE 11A, NAME AND MT HOPE	ADDRESS OF CALIFORNIA CEMETE CEMETRRY, 3751 MA GO CA 92102	E TEMPORARY ENVAL F DISINTERMENT G, SHIP IN TO CALIFOR H. TRANSIT TO OUTSIG	Y Y	(Parrie with Addre	PENDING — REMAINS LOCATED AT (1998) RSON IN CHARGE OF BURIAL
CREMATI	NOTE AND A SECOND	ADDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREM	ATED 12C SIGNATURE OF PE	RSON IN CHARGE OF CREMATION
SCIENTIF		ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13C SIGNATURE OF PE	RSON IN CHARGE OF FACILITY
TRANSI	REMAINS O	ADDRESS IN RECEIVING STATE OR IR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
SCATTERINGA AT SEA C DISPOSITION THAN IN A CEN	BURIAL SUFFICIENT IR IF BURIAL AT OTHER	IEAREST POINT ON SHORELINE, OR TO IDENTIFY FINAL PLACE AND CA SEA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRIČT OF DISPOSITI	158. DATE OF ON. DISPOSITION	15C, SIGNATURE OF PE CHARGE OF DISPO	

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

* prisinterment

MT. HOPE CEMETERY

Date

INTERMENT ORDER

City of San Diego

in a	Funeral, date, time
Type of Build Container Church, Chapel, Graveside	Mortuary
	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 13 Section B	lkyrow)ot
Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	1
Handling Fees	
Flower vases - Marker setting fee	<u> </u>
Recording/Filling/Transfer Fees	500.0
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 that I have the right to make this authorization any liability on account of said authorization a	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the Interment in lot I hold under deed.	Print Name
	Address
Blgmatura	City Zip Code
	Telephone
10071	Invoice #
Work Order # E 18836	N - 1000 C
Work Order # E 10030	Acct. #

O Printed on recorded paper

INTERMENT ORDER

City of San Diego

12-03-04 11:00 PAID Date 12-3-64

70 33 W.	1 Baluyeu
in a Line/ Type of Buriel Container	Funeral, date, time Mon. Dec 6 12:00
Church Chapel, Graveside	: mayer Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	1
Division 10 Section	Blk/Row Lot 8 _ Grave 1
Grave space & Care Fund	
Overtime/Late Arrival Fees	PAID - III
Opening/Closing & Setup	FAID 4/3-
Burial Container	DEC - 3 2004 209 -
Handling Fees	JEC - 3 2004 /60,-
Flower vases - Marker setting featon	UNT HOPE CEMETERY
Recording/Filing/Transfer Fees	SNI HOPE CEMETERY 50.00
Sales taxes	1620
	Total Dug
	Paid receipt number Visa and 1458 20
	AP 598/ Gerlance due
that I have the right to make this author	Further of Llond of the above named decedent osition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriza	ation and interment.
I hereby authorize the interment in lot I hold under deed.	Print Name 18831 Of Authorities
fiold under dead.	Print Name
Signature	City Gold of Code Telephone Involce #
Parlette Work Order # E 18837	Telephone
aule	LON
F 18837	Invoice #
Work Order # E	Acct. #

AT DEED

GRAVE BLIND CHECK FORM

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

				14	17°
			Ways	KAR	>
		X	MILLS	Devine	Deun
*			Sander		
	9				
Interment Div: 10	Date: 12/ 	y: Paule Vladislad 66 BIK/ROW:	Time:	12,00	
	th Legal Card	100000	□ No	40	,
Agrees wi	ith Map: 🕱	res 🛴 🗆	No	ry)
Blind Che	ck & Verified	By: (1) M	W	Date	<u> </u>

E-12837

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE VLADISLAVB -		1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX	
		BALUYEV		01/27/1955	12/02/2004 M	
	DORESS OF CALIFORNIA - FUNERAL DIRECTOR OR PER TUARY, 2859 ADAMS AVE., SA	SON ACTING AS SUCH 78. CALIF.	DIEGO I	OF INFORMANT RUZANNA BALUYEV 4360 CAMINO DE SAN DIEGO, CA 92	LA LUNA #5	
				A. SIGNATURE OF APPLICANT-	Person taking parmit 8B. DATE SIGNED	
ACKNOWLEDGEMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disposed the Health and Salety Code, and was authorized pursuant				D 12/03/200	
, PENMI	THIS PERIMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS O THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTH ITY FOR THE DISPOSITION SPECIFIED IN THIS PERIMIT. NOTE: THIS PERIMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFO	HOR-	12/03/200 R.MARTINE	4 2420368	AL REGISTRAR ISSUÍNG PERMIT	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DE VITAL RECORDS P.O. BOX 85. SAN DIEGO, CA 92185-5222	COMMODULE 14-0371 (2072) (20		DISTRICT OF DISPOSITION — AMOTHER DISTRICT IN CALIFORNIA	97.75	
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS OTHER	E. TEMPORARY ENVAULTM F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O		(Name and Address	SON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREE	MATORY	125 CATE CHEMA	ED 12C. SIGNATURE OF PER	ISON IN CHARGE OF CHEMATION	
CREMATION SCIENTIFIC USE				13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			ED 14C. ADDRESS AND SIGNATURE OF PERSON IN COOP PLACING WITH THE CARRIER		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, SUFFICIENT TO IDENTIFY FINAL PLACE AND IF BURIAL AT SEA. QNLY ENTER LATITUDE AN	158 DATE OF DISPOSITION	15C, SIGNATURE OF PER CHARGE OF DISPOS			

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

Pre- NeED •

MT. HOPE CEMETERY

INTERMENT ORDER

12-03-04 13:20 City of San Diego

Date 12/3/04

13	2-03-	04 13:	20 F	AI			1-1	7
You are hereby authoriz	ed and in	structed, sul	oject to	your ru	les and	egulation	s, to inte	r the remains Hernard
		Rypts				WITH	nju	ricic wych
	17 Sec. 7 . 2 (2)	Kapis	Funera	u, date,	time	-		
Church, Chapel, Graves		U30-35	B 5	v 80	<u> </u>	329 17		Mortuary.
All Funeral cars must ar will be applied and billed		0.000.000.0000	of regu	lar work	day or a	an extra c	narge of	\$
Division 12 s	ection		k/Row		Lot	83	_ Grave	516
Grave space & Care Fu	nd bn			2	e	98	5	1970-
Overtime/Late Arrival Fe	95	AIL)					
Opening/Closing & Setu	ρ			4	e	41	3	1652
Overtime/Late Arrival Fe Opening/Closing & Setu Burial Container	DE	C - 3 20	04	2	0	412	<u>}</u>	836-
landling Fees				-2	,0	35:	3	704-
landling Fees	UNT	HOPE C	EME	IEH.				
Recording/Filing/Transfe	r Fees			4	e	50	5-	200
Sales taxes					0	3.	2,40	648
2.003 - 2.007.00 - 2.000.00 A					Total	Due		5426.8
		Paid	eceipt	number	R5	828	4	5426 8
	XVX.		195				ce due .	er
hereby certify I am the and this is your authorit hat I have the right to m any liability on account o	y to make take this a	disposition authorization	and L	agree to	above i	ndicated.	certify	med decedent and represent harmless from
hereby authorize the in hold under deed.		1	7	A L	nal	ac o I	4a1	JEZ GWD
Moria Moria	Ch	aug) ? }	Sa S6	N T 197	230	OC -12	elif9210 29
(R)	883	Ω	ı	nvolce i	•			
Vork Order # E 1	000		7	Acct. #_				

INTERMENT ORDER

City of San Diego

12-03-04 14:22 Date 12-3-04

pre-need

in a	Funeral, date, time	
Type of Burlar Container Church, Chapel, Graveside	2 P. L	Mortuary
All Funeral cars must arrive before 3:00 p.	m. of regular work day or an extra charge of \$	3
will be applied and billed to undersigned.	X-7/ N-5 V	
Division_Hus nsection	BIKROW Lot US IUI 170 Grave	1/
Grave space & Care Fund	PAID	15/00
Overtime/Late Arrival Fees	PAID _	1
Opening/Closing & Setup		_)_
Burial Container	DEC - 3 2004	/_
Handling Fees		(
Flower vases – Marker setting feeMOU	NT HOPE CEMETER!	1
Recording/Filing/Transfer Fees		
Sales taxes		
Pa	aid receipt number $R = 58289$	(15.00
	Balance due	0
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authoriza any liability on account of said authorization	of the above name tion of remains as above indicated. I certify an tion and I agree to hold Mt. Hope Cemetery ha in and interment.	d represent
I hereby authorize the interment in lot I hold under deed.	Print Name	
+ splan	Address	
Signature	City	Zip Code
	2990,000	
o ulette	Telephone	
Pouletti = 18839	Invoice #	

INTERMENT ORDER

Atneed

REA-104 (3-04)

City of San Diego

£10-	,	Date 13/6/04
You are hereby authorized and instruc	6-04 14:36 PA	D and regulations, to inter the remains
or Daisey (Slasco	
ina liner	Funeral, date, time	FRI. Dec 104100
Type of Burial Container Church, Chapel, Graveside		Greenwood Mortuary
All Funeral cars must arrive before 3:0	30 p.m. of regular work da	y or an extra charge of \$
will be applied and billed to undersign	ed	8 54 4 5
Division 8 Section 1	Blk/Row	Lot 524 Grave
Grave space & Care Fund	ALL STREET, ST	<u> </u>
Overtime/Late Arrival Fees		
Opening/Closing & Setup	DAID	549.00
Burial Container	PAIU	278.00
Handling Fees.		213.00
Flower vases - Marker setting lee	DEC - 0 ZOOT	
Recording/Filing/Transfer Fees	NT HOPE CEME	Tr 2154 112754
Odles lates		otal 640
	Paid receipt number	his wand
		Balance due
I hereby certify I am the and this is your authority to make dis that I have the right to make this auth any fiability on account of said authori	orization and I agree to ho zation and interment.	\$9\$ p.
I hereby authorize the interment in lot hold under deed.	Poper Name q	Monarch Ridge Cir
William KNOSC	XEL C	ajon La 92019 19 442 9243 10000
Daviette 10010	Xtelephone /	1121270
1 - 1 0 0 4 II	Invoice # _	
Work Order # E 100 TO	Acct. #	

@ Printed on recycled paper

This information is available in alternative formats upon request.

E18840

GRAVE BLIND CHECK FORM

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

Sandar	6650	x	popular		
7".	Kodden	snyde	Defined		
ind Check Ir	nitiated By:	Pane	He	Date:	lal7
terment spa	ce for: Dai	sey Gu	û800		
	e: <u>\2-10-0</u> ect: E				
		100		3.50	

Agrees with Legal Card: A Yes

Agrees with Map: XYes

Blind Check & Verified By

E-18840

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	A 115 A 1 5 HOURS		OSE BOICK HER SILE!		the of the same			Tarion Tonio	22		
1.4	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST IFAM	HLY)			2. DATE OF BIRTH		OF DEATH	4. SEX
	DAISY		3		GLASCO		de la constant	09/03/1904		2004	F
97	EL CAJON	/	1	SAN D	EGO	— OUTSIDE CALIF.,	OF IN	RELATIONSHIP, FULL FORMANT LIAN GLASCO-		ADDRESS AN	D ZIP CODE
36		MORTUARY, 1	A-FUNERAL DIRECTOR OF PERS [-805 & IMPERIAL			LICABLE	RL (MONARCH R	92019		F SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I Thereby action of the Hipsith	owledge as applicant that the proposed disposits and Salety Code, and was sufficient pursuant t	ion stated herein is one of the d to Section 7100 of the Health ar	apositions authord Salety Code.	orized by Section 103055	> (こんて	235(15)(1)(1)		06/2004
2 30	renam.	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTH SPECIFIED IN THIS PERMIT.	OR-	EE PAID	98. DATE PERMIT 12/08/20 K JONI	004	9C SIGNATURE OF LOC 2420612	AL REGISTE	RAR ISSUING P	ERMIT
	LOCAL REGISTRAR	9D. ADDRESS OF RE IF DEATH OCCURE PO BOX 852	GISTRAR OF DISTRICT OF DEJ LED IN CALIFORNIA 222 CA 92186-5222	5000 - 10 - 7-50-0 - 50-50 FT		SS OF REGISTRAR	OF DISTRIC	T OF DISPOSITION - R DISTRICT IN CALIFORNIA	521 7		
	A BURIAL (INCLUDE)	CREMATED REMAINS (J fort &	E TEMPORARY F DISINTERMEN G. SHIP IN TO C	IT ALIFORNIA	# 1-1-1-	-	FOR C	ENDING —	'S USE ONLY REMAINS LOC	ATED AT
_	P - BURIAL	MT HOPE	DRESS OF CALIFORNIA CEME CEMETERY, 3751 M D CA 92102	MODE BOOK LOVE . PROME	-	In land	110	C. SIGNATURE OF PER	SON IN C	CHARGE OF B	URIAL
SLE ITEMS	CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA CREM	MATORY		128 BATE PAEM	ATED 12	C, SIGNATURE OF PE	ISON IN C	HARGE OF C	REMATION
UL APPLICA	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE				AINS	138. DATE RECEI	VED 13	19C, SIGNATURE OF PERSON IN CHARGE OF FACILITY		ACILITY	
COMPLETE A	TRANSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO		E	14B. DATE SHIPPI	ED 144	C. ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, DIDENTIFY FINAL PLACE AND O EA, <u>ONLY</u> ENTIER LATITUDE AN	CA DISTRICT OF DISP		15B. DATE OF DISPOSITION	150 N	C. SIGNATURE OF PER CHARGE OF DISPO		CREMATED	E NUMBER OF REMAINS DIS- APPLICABLE

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

INTERMENT ORDER

AT NEED

City of San Diego

1 New 12-00-04	City of San Diego
12-09-04	City of San Diego 4 10:58 PAID Date 12-7-04
You are hereby authorized and instructed	d, subject to your rules and regulations, to inter the remains
of Viola C. St	
or	Will be the second
Type of Burtal Container	Funeral, date, time Dec 13 Man 1990
Church, Chapel, Graveside Dell	Wery Only: ELOGION Mortuary.
All Funeral cars must arrive before 3:00 p	o.m. of legular work day or an extra charge of \$
will be applied and billed to undersigned.	600000027000000000 16 57072 65 =
Division 10 Section	Blk/Row Lot _3824 Grave
Grave space & Care Fund	Ø_
Opening/Closing & Setup	PAID 549 00
Burial Container	PAID 278.60
Handling Fees	DEC = 9 2004 2/3,00
Flower vases - Marker setting fee	DEC 3 2007 184.00
Recording/Filling/Transfer Fees	
Sales laxes HHO 0176	15.11.511
11 10 1 10 10 10 10 10 10 10 10 10 10 10	Total Due
HA10	Paid receipt number 4484 card 1311.54
	Balance due
hereby certify I am the Sor	of the above named decedent
and this is your authority to make dispos	sition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I	Relet Stump
hold under deed.	127 Routton Ro
4	Address
Sufratura	Address UA 2366 City UA 2366
· ve	757 851 3583
Quette	Telephone
UU	Invoice #
Work Order # E 18841	VIO 11741. V.
WORK Groef #	Acct. #
The second secon	Francis Africa To an in the first for the affine market on Francis and a construction of the first form

E1884

GRAVE BLIND CHECK FORM

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

Starr	Cardine	· >>		
	x	delma	e john's	भ
 	***	5 ⁿ	30	-
 	1	<u> </u>	=	

Blind Check Initiated By: Paulette . Date: (2/9/64
Interment space for: Viola C. Stump
Interment Date: 11-13-04 Time: AYD
Div: 10 Sect: Blk/Row: Lot: 3824 Gr: 1
Grave Laid out by: Aorman Person
Agrees with Legal Card: ALYes No
Agrees with Map: See No
Blind Check & Verified By: M Members Date: 12/9/03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

_			USE BLACK INK ONLY - MA	KE NO EHASUHES, WI	HITEOUTS OR OTH	ER ALIEHATIONS C	2 1 00 1	14551
1A. NAME OF DECEDENT—FIRST (GIVEN)		NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
	Viola		Clara	Clara Stump		08/12/1921	12/07/2004	F
	CITY OF DEATH			5B. COUNTY OF DEATH ENTER STATE Sen	Diego I	name, relationship, full m of informant Ronald Stump-Son	AILING ADDRESS AND	ZIP CODE
8	El Cajon Mo	ortuary	NIA-FUNERAL DIRECTOR OR PERSON 1 Cajon, CA 92020	— IF AF	PPLICABLE	1315 E Grand Ave Escondido, CA 92 . SIGNATURE OF APPLICANT—PO	027	SIGNED
	ACKNOWLEDGEMENT OF A		browledge as applicant that the proposed disposition at th and Safety Code, and was authorized pursuant to Se			Jackie Baje	ca 12/10	/2004
	r Crimi i	THE CALIFORNIA HEALT ITY FOR THE DISPOSITI	IN ACCORDANCE WITH PROVISIONS OF TH AND SAFETY CODE AND IS THE AUTHOR- ON SPECIFIED IN THIS PERMIT. NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT ISS 12/10/2004 Jackie Kozi	2420750	REGISTRAR ISSUING PER	MIT
		P O Box	REGISTRAR OF DISTRICT OF DEATH REED IN CALIFORNIA 85222 0 CA 92186-5222		ESS OF REGISTRAR OF D	DISTRICT OF DISPOSITION — NIOTHER DISTRICT IN CALIFORNIA		
10	AUTHORIZED DISPOS			***		FOR COF	RONOR'S USE ONLY	-
	B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS	С 3 ОТНЕЯ [E. TEMPORARY ENVAULTM F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE C	v.	. DISPOSITION PEN (Name and Address)	IDING — REMAINS LOCATI	ED A
	BURIAL	MOUNT HO	ODDRESS OF CALIFORNIA CEMETER PE CEMETERY KET STREET/SAN DIE		118. DATE BURIED	11C. SIGNATURE OF PERSO	ON IN CHARGE OF BUR	PIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND	ADDRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMATE	D 12C. SIGNATURE OF PERS	OF CHARGE OF CR	EMATION
ALL APPLICA	SCIENTIFIC USE	n/a	ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSI	ON IN CHARGE OF FAC	CILITY
COMPLETE	TRANSIT		ADDRESS IN RECEIVING STATE OR R CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	14C. ADDRESS AND SIGNA OF PLACING WITH THI		CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT IF BURIAL AT	EAREST POINT ON SHORELINE, OR TO IDENTIFY FINAL PLACE AND CAI SEA, ONLY ENTER LATITUDE AND L	DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERS CHARGE OF DISPOSIT		MAINS DIS-

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

INTERMENT ORDE

R	
Date _	12-7-04
regulati	564 ons, to inter the remains

12-14-04	of San Diego		/
T NEED	a raid	Date	2-7-04
You are hereby authorized and instructed, st	ibject to your rules	and regulations, to	o inter the remains
# ESTANISLAD	RENG	FIFO	4 2 .
ina 🕽 🕳	Funeral, date, tim	efei. Jan	21,2008
Church, Chapel Graveside		Family	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work da	ay or an extra char	rge of \$
will be applied and billed to undersigned.			
Division 8 Section 4 8	llk/Row	Lot 3	Grave /
Grave space & Care Fund	E-1899	4n	
Overtime/Late Arrival Fees		NU	
Opening/Closing & Setup	l(**************************************	110
Burial Container		veeded	
Handling Fees	OUNTHOR	E CEMETE	
Flower vases - Marker setting lee	The state of the s	E CEMEIF!	<u> </u>
Recording/Filing/Transfer Fees		***************************************	
Sales taxes	N/A		
		Total Due	116
Paid	receipt number	#58314	_ 116-
grandfash	er .	Balance	due
I hereby certify I am the Alexand I have the right to make disposition that I have the right to make this authorization any liability on account of said authorization.	and Interment.	bove indicated. I could Mt. Hope Cem	etery harmless from
I hereby authorize the interment in lot I hold under deed.	A COC	WOVEN C	HOIND
Note disease.	X741		LST.
Signature	X SA	n one	Ca 9011
(k) marie	Telephone	1378 81	CB Recove
Work Order # E 18842	Invoice #		
Work Order # E 10042	Acct. #		

REA-104 (3-04)

This information is available in alternative formats upon request.

E-18842

GRAVE BLIND CHECK FORM

3600 31169 Professional (1990)	ine y j w	nisla	IXEN	9170	A
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		1			
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oday's Date		NV.			50
	777		Lo	t: 3	
0iv: <u>8</u> \$	Sect:_4_		Lo	ot: 3	
Div: 8	Sect: 4	Blk/Row		*	Gr:
Div: 8 s	Sect: 4	Blk/Row		*	Gr:
nterment Da Div: 8 S Flag placed b Grave Laid C Blind Check S Agrees with M	Sect: 4	Blk/Row		*	Gr:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

			115					i.			
14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAN	ALY)			2. DATE OF BIRTH		OF DEATH	4 SEX
	ESTANISL	AO	194	RENGIFO	ALAV	A		077097189 8	0770	71977	M
5/	CITY OF DEATH	QUITOS		5B. COUNTY (ENTER STA		OUTSIDE CALIF.,		, RELATIONSHIP, FULL FORMANT VEVA CHIOINO	MAILING A	DDRESS AND	ZIP CODE
G	TYPED NAME AND ALE ENOVEVA CHI A 92111	DORESS OF CALIFORNI LOINO, 7414	A-FUNERAL DIRECTOR OR PERSON BEAL STREET, SAN	DIEGO,	78. CALIF. L — IF APP		7414 SAN I	BEAL STREET DIEGO, CA 921 NATURE OF APPLICANT	111		
	ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed disposition st and Safety Code, and was authorized pursuant to Se			rized by Section 103055		man, the			1/2005
The second	FERMI	THE CAUPORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	FEE PAID	98. DATE PERMIT		9C. SIGNATURE OF LOCAL Nancy	L REGISTRA		PMIT 1
3		9D. ADDRESS OF RE IF DEATH OCCURR	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA	i-	IF DISPO	RECORDS,	R IN ANOTHE	TOF DISPOSITION — ER DISTRICT IN CALIFORNIA BOX 85222,	SAN 1	DIEGO,	CA 7
	B. CREMATION G. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	CREMATED REMAINS C	DRESS OF CALIFORNIA CEMETER EMETERY, 3751 MAR		IT ALIFORNIA DUTSIDE OF	88 march 100 mar	D 110	DISPOSITION PE (Name and Address	s)	000 F 1858 (98° 1966 - 14,00° 1966	07:36:0Ne
UCABLE ITEMS	CREMATION	TOTAL AND STREET	DORESS OF CALIFORNIA CREMATO	ORY		128. DATE CREM	ATED 12	C SIGNATURE OF PERS	SON IN CH	HARGE OF CE	IEMAT
UL APPLICABI	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REM	IAINS	138. DATE RECEI	VED 13	C. SIGNATURE OF PER	SON IN CH	HARGE OF FA	CILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHEF REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				E	148. DATE SHIPP	ED 14	C. ADDRESS AND SIGN. OF PLACING WITH TH			CHARGE	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAL EA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISP		15B. DATE OF DISPOSITION		C. SIGNATURE OF PERS CHARGE OF DISPOS		1SD LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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

ATNEED

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/7/04

You are hereby authorized and instructed,	subject to your rule	s and regulations, to inter	the remains
of June Blaine	2 Bish	op	100
in a TS Vault	THE RESERVE OF THE PARTY OF THE	me Mon Dec 1	Committee of the commit
Church, Chapel, Graveside	very on!	y El Cajon	Mortuary.
All Funeral cars must arrive before 3:00 p.	m. of regular work o	day or an extra charge of \$	
will be applied and billed to undersigned.			
Division 8 Section 1	Blk/Row	Lot 1564 Grave	l
Grave space & Care Fund	E-1879	10	10_
Overtime/Late Arrival Fees			
Opening/Closing & Setup			0-
Burial Container			10-
Handling Fees	///	<i></i>	0
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees	·····	J	0
Sales taxes			10
		Total Due	0
Pr	ald receipt number .	E-18790	0
		Balance due _	D
I hereby certify I am the end this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorization	tion and I agree to	hold Mt. Hope Cemetery h	armless from
I hereby authorize the interment in lot I hold under deed.	Print Name	a à Las DA	June.
Signature	Address A	elachmer attachmer	at 24 Code
marica	Telephone	was sug	- ×- ×
Work Order # E .18843	Acct. # _		

O Printed on recycled paper

This information is available in alternative formats upon request.



GRAVE BLIND CHECK FORM

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

Granger

Gaire

3/10	- Julian	Jagos.	X	34	Western)	1
	+					
Slind Conterme	heck Initiatent space for	ed By:	une	Paulette Elain	_ Date: _ Bis	don 13/8
nterme	ent Date:	AYA		Time: De	livery	only
Div:	Sect:	BI	k/Row:_	Lot	564	er:
Grave I	Laid out by	Mor	- Fer	que-		
Agrees	with Legal	Card:	Yes	□ No		
۸	with Mon	Arvas	V	NI-		

Blind Check & Verified By:

E 18843

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MAR	E NO ERASURES, W	HITEOUTS OR OT	HER ALTERATIONS			
1A	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YE 12/23/192		OF DEATH DAY YEAR 5/2004	4. SEX
June 5A. CITY OF DEATH			Elaine	Bishop					
7A	La Mesa TYPED NAME AND AC El Cajon Mo	ortuary	A-FUNERAL DIRECTOR OR PERSON A	ENTER STATE San CTING AS SUCH 7B. CALIF — IF A	Diego LICENSE NUMBER PPLICABLE	6. NAME, RELATIONSHIP, F OF INFORMANT Kim Williams— 825 Crestview San Marcos, C 8A SIGNATURE OF APPLICA	Daughter Ct A 92069	•	
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby adm of the Health	owiedge as applicant that the proposed disposition sta and Safety Code, and was authorized pursuant to Sec	led herein is one of the dispositions as ion 7100 of the Health and Salety Co.	thorized by Section 103055 in	Hacky No	Kie	12/1	0/2004
	AUTHORIZATION OF	THE CALIFORNIA HEALTH	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT.	9A AMOUNT OF FEE PAID \$13.00	12/10/200	2420748	LOCAL REDISTRA	ar issuing pei	AMIT
LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW RIVAL DISPOSITION		P O Box 8			ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLICA				FO	R CORONOR'S	USE ONLY	
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS O	E	E. TEMPORARY ENVALUTI F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE (A OF CALIFORNIA	Meme and A			
	BURIAL	MOUNT HOP	DRESS OF CALIFORNIA CEMETER E CEMETERY ET STREET/SAN DIEC		118. DATE BURIED		F L	ARGE OF BU	HIAL
BLE ITEMS	CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA CREMATO	PRY.	12B, DATE CREMA	TED 12C. SIGNATURE OF	PERSON IN CH	AMGE OF CR	EMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	19B, DATE RECEIV	ED 13C. SIGNATURE OF	PERSON IN CH	HARGE OF FA	CILITY
COMPLETE /	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPE	A TOTAL CONTRACTOR OF STREET	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
W = = = = W	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CA DI EA, <u>ONLY</u> ENTER LATITUDE AND LO	STRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF DIS		15D. LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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

NEED

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/7/04

of June Elaine	BIShon
TS You't	Funeral date, nos Mon Dec 13, 2004
Church, Chapel, Graveouse	very Only Glason wasy
All Funeral cars must errive before 3:00 p.r	m of regular work day or an extra charge of \$
will be applied and bried to undersigned	
Division & Section	SINAON LOI 156 4 Grave
Grave space & Care Fund	E-18790 B
Overtime/Late Arrival Fees	4
Opening/Closing & Setup	
Burrer Container	<u> </u>
Handling Feet	"" " B
Flower vases - Marker caning lee	
Recording/Filing/Transfer Fees	<u> </u>
Sales taxes	
	Total Due
Pak	s receipt number E-18790 CE.
25	Balance dus
i hereby certify i am the Daugh to	of the above named de-udent
that I have the right to make the authorizati	on of remains as above indicated. I perify and represent on and I agree to hold Mt. Hope Cometery hermies, from
any Hability on account of said authorization	
nersby surborize the interment in lot (a Kim Willams
note under deed	a 825 Crestura CT
Sensor	3an Marcos, Ca 92098
maria	7 (760) 591-0759
2000	Invoice #
Work Order # E .18843	Acct #
	mation is available in alternative formats upon requues.

NEED

MT, HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/7/04

of	Barnet	ted, subject to your rules and reg + Black wel	22839,3
ina Lì	ner	Funeral, date, time Tu	25.12/14/04 11:
Church Chape	type of Burial Container II, Graveside	:_Cal	iF. BURIALMONTURY.
All Funeral can	s must arrive before 3:0	00 p.m. of regular work day or an	extra charge of \$
will be applied	and billed to undersign	ed	
Division 12	Section 2	Blk/Row Lot _	
	Care Fund	PAID	<u> </u>
		DEC - 9 2004	549
Burial Containe	Y	DEC 3 2004	278
		OUNT HOPE CEMET	213-
Flower vases -	IVI Marker setting fee	OUNT HOPE CEME!	ERY
Recording/Filin	o/Transfer Fees		_ 66-
AND DESCRIPTION	5,		219
and this is you that I have the	I am the A Vol and	Paid receipt number — 5% SUFFAL Class Desition of remains as above industriation and I agree to hold Mt. H	
hereby author hold under dee	ize the interment in lot d.	Addings	el. c. in AUE
e) m	Jaria	City Prince Va	112 2143 20000
Work Order #	E 18844	Invoice #	
REA-104 (3-04)	This	s information is available in alter	netive formats upon request.

© Friend on recycled paper

E1884A

GRAVE BLIND CHECK FORM

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

10 NBS	polics				
willker	Burget	X .		+	
		-			
		By: Paule	The second second	-	10
	The odd of the Paris Control o	Barne	20,000	-1001	ALL OF RESIDENCE
	The second secon	14/04 Tug 2 BIK/ROW:			
Grave La	aid out by: $\underline{\mathscr{A}}$	wine F.	س		
Agrees \	with Legal Ca	ard: X Yes	a ng	0 1	`
Agrees	with Map:	Yes 🗆	No	*100g	/
3lind Ct	neck & Verifi	ed By: De	5	Date	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MA	KE NO ERASURES, WI	IITEOUTS OR OT	HER ALTERATIONS		
1.4	NAME OF DECEDER	NT-FIRST (GIVEN)	1B, MIDDLE	1C. LAST (FAMILY) BLACKWELL		2. DATE OF BIRTH MONTH DAY YEAR 10/26/1937	3. DATE OF DEATH MONTH DAY YEAR 12/05/2004	4. SEX
5/	SPRING VAL	LEY		The second secon		OF INFORMANT YOLAN	MAILING ADDRESS AND IDA CLARK-DAU	
7A	CALIFORNIA	CREMATION	SAN DIEGO CA \$21.	— IF API	PLICABLE	558 FELICITA AVE SPRING VALLEY, C BA. SIGNATURE OF APPLICANT	A 92977	SIGNED
	ACKNOWLEDGEMENT OF A		miedge as applicant that the proposed disposition stand and Salety Code, and was authorized pursuant to Sec			Wettert do	Till 12/	07 ∄2004
	AUTHORIZATION OF	THE CALIFORNIA HEALTH	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT IS 12/07/20 V MITCHE	04	AL REGISTRAR IŠSUING PE	-
N		IF DEATH OCCURR	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA RDS P.O. BOX 8522	IF DISF		DISTRICT OF DISPOSITION - N ANOTHER DISTRICT IN CALIFORNIA	G(
	DISPOSITION		CA 92186-5222		-	- 50		
1	B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	11A. NAME AND AD	DRESS OF CALIFORNIA CEMETER	F DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF	F CALIFORNIA 11B. DATE BURIED	(Name and Addre	****	
	BURIAL	MT BOPE CE 3751 MARKE	METERY T ST. SAN DIEGO C	A 92102	12-14-04	Villa	1	-
SLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMAT	ED. 128, SIGNATURE OF E	RSON IN CHARGE OF CI	REMATION
UL APPLICAE	SCIENTIFIC USE	134. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B DATE RECEIVE	IVED 13C. SIGNATURE OF PERSON IN CHARG		CILITY
SA. CITY OF DES SPRING 7A. TYPED NAME CALLFO 5880 E ACKNOWLEDGEM PERMIT AUTHORIZATION LOCAL REGISTRA ANY CHANGE IN DIST TOO REQUIRES AN PERMIT TO SHOW P DEPOSITION 10. AUTHORIZED B. CREMATIC C. DISPOSITION BURIAL SWILL SW	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE :		148. DATE SHIPPET	14C. ADDRESS AND SIG OF PLACING WITH		CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAD EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION.	158 DATE OF DISPOSITION	15C. SIGNATURE OF PECCHARGE OF DISPO		EMAINS DIS-

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

INTERMENT ORDER

AT NEED

City of San Diego

Date	12	
Date	-	

in a	inie Lee	Funeral, date	e, time Frid	ay Dec 17th
Church, Chape	ype of Burial Container I, Graveside		MerKle	y mutched Monuary
All Funeral cars	must arrive before 3	:00 p.m. of regular wo	rk day or an ext	ra charge of \$
will be applied	and billed to undersig	ned	<u> </u>	
Division	Section	Blk/Row	Lot	Grave
Grave space &	Care Fund			
Overtime/Late	Arrival Fees			<u> </u>
Opening/Clasin	g & Setup		\wedge	
Burial Containe	r)
Handling Fees.			A A	/
Flower vases -	Marker setting		X	
Recording/Filin	g/Transfer Feet	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/	
Sales taxes	1)1	aid receipt numb	Total Due erB	alance due
that I have the	r authority to make d right to make this aut	isposition of remains horization and I agree rization and interment	as above indicate to hold Mr. Hop	he above named decedented. I certify and represente Cemetery harmless from
hereby author hold under dee	ize the interment in lo d.	pt I Print Nar	ne.	
		Address		
Capter		CHy	*	73p Cod
Ha	Control of the Contro	Page 10 to 1		
Buktle		Telephon	0	
Buktle	E 18845	200 (P00)		

@ Printed on respelled paper

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego 10:49 PAID

Date 12/10/04

	# Martha Rodeigu	e2_
in a DD CRUPT	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	s
will be applied and billed to undersign	ed	-
Division 12 Section 2	Blk/Row Lot 93 Grave	7
Grave space & Care Fund	14	1310
STANDED SALES OF STANDARD STANDARD STANDARDS		W 1984 11 12 12 12 12 12 12 12 12 12 12 12 12
Opening/Closing & Setup	PAID .	549
Burlal Container		556
5-5-2-301-2-3-04-2-04-2-1-2-3-1-1-2-3-1-1-1-2-3-1-1-2-3-1-1-2-3-1-1-2-3-1-2-3-1-2-3-1-2-3-1-2-3-1-2-3-1-2-3-1-		468
Flower vases - Marker setting fee	DEC 1 5 2004	-
		66
Sales taxes M	OUNT HOPE CEMETER	439
nai	dinful plance	2997.
70-	Paid receipt number The	89920
	Balance due	2000
I hereby certify I am the Name A and this is your authority to make distinat I have the right to make this authority in a light to make the authority in a light to make the authority in a light to make the authority in a light to make the light t	position of femains as above indicated. I certify orization and I agree to hold Mt. Hope Cemetery is zation and interment.	med decedent and represent parmiess from
I hereby authorize the interment in lot hold under deed,	× 171 Paloma	quez
Skyrature	- K Chula V, sta City (6/9) 425078	Zip Code
NR) mana	to (6/9) 425078	4
Work Order # E .18846	Invoice #	
	s information is available in alternative formats o	

DRIGUEZ, MARTHA & EDUARDO 171 Palomar St. Chula Vis	DEBIT	CREDIT	BALANCE
-10-04 Opened pre-need lot and trust to include 1 open and closing, DD crypt, handling fee,	1310.00 1682.09		2992.09
recording feer and tax. 25% down mc Div 12 Sec 2 Lot 93 Grave 7		992.09	2000
1-14-0458319 no coupon		200000	P
5191 10 30 7 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10			
D rengin			
			10

At Dead

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/10/04

of	50 NOTE 1	ne E		od, subject to	OS		28444	-1	
ina	0.000	Maturial Container	.F	Funer	al, date, t		WS. Dec	1200	10:3
	hapel, Gra	and the same of the same	on Marc		;		osciale	Mo	rtuary.
All Funera	d cars mus	t arrive be	fore 3:00	p.m. of regu	ılar work	day or an	extra charge of	18	
will be ap	plied and b	illed to und	dersigned	d	920	92 7-502		-	-
	ń	Ulica diam	.542		8	C, 3	60		
Division _	0	Section	4_	Blk/Row		Lof	TIG Grav	9_1	- 75
Grave spa	ice & Care	Fund		***************************************		PA	ID	330	2.00
Overtime/	Late Arriva	l Fees		••••					-
Opening/(Closing & S	Setup			DE	EC 2 0	2004	116.	00
Burlal Cor	ntainer		,,,,,,,,,,,,	NIA	- 				
Handling	Fees			VINO	UNT	HOPE	CEMETE	RY'-	_
lower va	ses – Mark	er setting	fee			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Recording	/Filing/Trai	nsfer Fees							000
Sales taxe	ıs			NIA	***********		~	_	-
5-20-1-800mg134			23000000000				je	496	. 00
- 2	_ 0	and		Paid receipt	number	R-	58336	496	,00
DET.	101	1,7		301			Balance due	e	1
The second	ertity I am	the					of the above n	amed dec	edent
and this is	your auth	ority to ma					ficated. I certify Hope Cemeter	and repr	resent
				dion and inte		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rope comatat	Hailinbac	3 MOIII
harabu a	uthorizo th	a letormon	d in Int I					- 1	
nold unde	uthorize th r deed.	a lineimen	ICIN IOCI		Print Name			ed	
					Address		net		
Ousline			-3		City (1	- 2	000		Zip Code
	20				Telephone &	See	attect	_	_
Pal	uett "#E	2			Annual Street				
1 -0	Е	188	47		Invoice #				170
Vork Orde	er# <u></u>			- 1	Acct. #_				-
						4 4	mathia formati		

GRAVE BLIND CHECK FORM

Deceased Name _	Minni	e h.	Fond:	8	T
	61310	X	en b	4	
roday's Date nterment Date: Div: Sect: Flag placed by: Grave Laid Out by	12-30- 4 BIN Pauler	te			
nterment Date:	12-30- 4 BIN Pauler	te			
nterment Date: Div: Sect:_ Flag placed by: Grave Laid Out by	12-30- 4 BIN Pauler Aorr	te nom	farqu	~~	

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~	2.0	
1	AN MANE OF DECEMEN	-

USE BLACK INK ONLY -	HAVE NO EDACHDEC	WHITEOUTE OF OTHER	ALTEDATIONE
OUR DEVICE IN ONL! -	MAKE NO ENAGUNES.	WHILE COLLS OF CHIEF	ALIENATIONS

	NT-FIRST (GIVEN)	18. MIDDLE	1822	LAST (FAMILY	7				TE/81/2004	4 SEX
Minnie A CHY OF DEATH San Diego	DBIESS OF CALIFORN	Beatrice	58. S-	COUNTY OF ENTER STATE an Dieg	0	COTSIDE CALIF.	Step	HELATIONSHIP FULL MAIL) FORMANT Chanie Neely, S	ngaddhessan ister	
Anderson-Ra	gsdale Mor	tuary; 5050 I	ederal	Blvd.	- IF APPLI	CABLE	San	Euclid Ave., A Diego, CA 9211	4	
San Diego,	I hereby acti	rowledge as applicant that the proposes	d disposition stated her	en is one of the dispo	FD-13		M. SIGN	52.		0/200
PERMIT	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITIO	AND SAFETY CODE, AND WITH PROVISION ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE XY SPECIFIED IN THIS PERMIT OF DISPOSAL OUTSIDE OF	ONS OF BALTHOR	MOUNT OF FEE	PAID	9B DATE PERMIT 2/10/200 V. Davi	4	9C SIGNATURE OF LOCAL REG 2420765		
NNY CHANGE IN DISPOSI- TION RECURRES A NEW PERMET TO SHOW FINAL	Vital Reco	EGISTRAR OF DISTRICT OF MED IN CALIFORNIA ords, P.O. Box CA 92186-522	OF DEATH -			S OF REGISTRAR	OF DISTRIC	CT OF DISPOSITION — ER DISTRICT IN CALIFORNIA		
D. AUTHORIZED DISPOS A. BURIAL (INCLUDES B. CREMATION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS	843.98	☐ e. o ☐ G. s	TEMPORARY EN HISINTERMENT SHIP IN TO CALL FRANSIT TO OUT	FORNIA			FOR CORON I DISPOSITION PENDING (Name and Addréss)	IOR'S USE ONLY G — REMAINS LOCA	ATED AT
BURIAL	Mt. Hope	DDRESS OF CALIFORNIA Cemetery; 375 , CA 92102		t Stree	t	18. DATE BURIE		C. SIGNATURE OF PERSON	IN CHARGE OF B	URIAL
CREMATION	CSI Crema	ODRESS OF CALIFORNIA tion Services (ay; Vista, CA	s, Inc.;	2570	1	28. DATE CREM	ATED 12	C. SIGNATURE OF PERSON	IN CHARGE OF C	REMATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA	FACILITY RECE	EIVING REMAI	NS 1	38. DATE AECE!	VED 13	IC, SIGNATURE OF PERSON	IN CHARGE OF F	ACCOMY
TRANSIT		DORESS IN RECEIVING S CREMATED REMAINS AF			ľ	4B. DATE SHIPP	ED 14	IC. ADDRESS AND SIGNATUR OF PLACING WITH THE C		N CHARGE
				R DESCRIPTI	ON I	5B. DATE OF	15	SC. SIGNATURE OF PERSON CHARGE OF DISPOSITION		E NUMBER O

West of Kin Wiel Call to Wiel Call to

359

MT. HOPE CEMETERY

t Dead IN	TERMENT ORDER WELL
r D	City of San Diego
	Date 18/10/04
You are hereby authorized and inst	ructed, subject to your rules and regulations, to inter the remains
" Nime B.	Ford 8
Ash Ubult	Funeral date time
Church, Chapel, Graveside	: Rappodate Mortany
All Funeral cars must arrive before	3:00 p.m. of regular work day or air extra charge of \$
ierebnu or belild bne beliqqs ed silw	
Division _ G _ Section _ 4	BW/RowLor31(a Grave_1
Grave space & Care Fund	
Overtime/Late Arrivel Feet	i i mangananangan galparananan gaban-salban-salban-salban-salban-salban-
Opening/Closing & Setup	N/A 116.00
Burlat Container	manufacture of many million million million million million
Handing Fees	are a company of the second second second second second second second second second second second second second
	ANCE
Recording/Filling/Transfer Feet	5000
Sales taxes	N/A William
No.	Total Dua
DET. TO PRY	Paid receipt number
DM. I. A	Raiance dus
I hereby certify I am the and this is your authority to make that I have the right to make this ac any flability on account of said auth	of the above named decadent disposition of remains as above indicated. I certify and represent shortzation and I spree to hold Mt. Hope Cemetery harmless from orization and interment.
hereby authorize the interment in	STEPHANIE HERLY
note union deed.	246 EUCLID AVE. 1 6
Adolorie No	SAN DIEGO, CA 92114
	(619) 527-2573
Paulette Work Order & E 18847	930-5070 (0-5070
F 18847	Invoice #
William Cheridae de Las	ACC1 \$

ATED

MT. HOPE CEMETERY

INTERMENT ORDER

12-13-04 09:53 PAID

Date 12/13/04

or ANNIC	e LEE	789	228	407.	-
ina TS Va	UIT Funer	al, date, tim	FRI. 18	17/04	1:00
Type of Burish Co Church, Chapel, Graveside		CI	rinese Con	monito	Monuary.
All Funeral cars must arriv	e before 3:00 p.m. of reg	ular work da	y or an extra o	harge of \$	in the second
will be applied and billed to	undersigned.		\$50	(560) 1025	- 10
Division Chinese Sec	tionCharlete Blk/Row	9	Lot	Grave	13_
Grave space & Care Fund		D -8	665		0
Overtime/Late Arrival Fees					
Overtime/Late Arrival Fees Opening/Closing & Setup		AIU		<u>_</u>	13-
Burial Container	71 - 37-	···	·>> 0 ((*********************************	ھ	75
Handling Fees	DEC 1	3 2004		2	04
Flower vases – Marker set	ting fee			HN.	-50-
Flower vases – Marker set Recording/Filing/Transfer f	ees MOUNT HOP	PE CEM	ETERY		50
Sales taxes				2	1.31
		1	Total Due	9	63.3
	Paid receip	t number _	VISA	- 9	63 -
	W. 455-456 63 ft			nce due	2_
I hereby certify I am the	SON		of the	above named	decedent
and this is your authority t	o make disposition of rei	mains as at	ove indicated	I certify and	represent
any liability on account of s	said authorization and inte	erment.	no mi. Hope c	omotory nan	masa nom
I hereby authorize the inter	ment in lot I	1 MIL	BUR	LEE	7
hold under deed	9 .	5.35	DADS	W 57	
Willoure	ree "	Alidress	DIEGO	CAPI	102
ognation .		1610	1 232	3900	Ziρ Code
(K)-mo	Ma	Telephone	1 202	5100	
_ 10	010	Invoice # _			
Work Order # E 18	040	Acct. #			
REA-104 (3-04)	This information	ie availahla	in alternative	formate uno	n request

O Printed on recycled paper

MT HOPE CEMETERY 1989 8

GRAVE BLIND CHECK FORM

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

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	2	f. X	Toute	52ETT	
	quor	T .	Duan		
	ř				
Blind Check In	itiated By:	laki	4	Date: /	2/13
Interment space	e for: ann	ie Le	e		+-
nterment Date	1924			1:00	-27
Div: \$	ect <u>Chines</u>	K/Row:_	9 Lot:	G	r: 13
Grave Laid ou	t by: form	rante	gusa.	~ ,1	
Agrees with Le	gal Card: Ø	Yes	O No	195X	-
Agrees with M	ap: Ø Yes		No (V	
Blind Check 8	Verified By	David	Moring	Date:	12-14-09
	= 85		/		0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS /

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1B. MIDDLE 1A. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX 8871971962 ANNIE MURIEL LEE 5A. CITY OF DEATH 5B. COUNTY OF DEATH -- OUTSIDE CALIF, [5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE SAN DIEGO SAN DIEGO WILBUR LEE - SON 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OF PERSON ACTING AS SUCH 17B. CALIF. LICENSE NUMBER 535 DODSON STREET MERKLEY-MITCHELL MORTUARY - IF APPLICABLE SAN DIEGO, CA 92102 3655 FIFTH AVENUE FD119 8A. SIGNATURE OF APPLICANT—Person Island permit 8B. DATE SIGNED SAN DIEGO, CA 92102 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 ACKNOWLEDGEMENT OF APPLICANT 2/15/2004 of the Health and Salety Code, and was authorized pursuent to Section 7100 of the Health and Selety Code SA. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAUREGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 12/15/2004 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-2421036 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF \$13.00 R.M. ZULLO NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORMA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO DOCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO. CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A, NAME AND ADDRESS OF CALIFORNIA CEMETERY 118, DATE BURIED LLC. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY BURIAL 3751 MARKET STREET SAN DIEGO, CA 92102 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY DATE GREMATED! 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 113B DATE RECEIVED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B, DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B, DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER OF CREMATED REMAINS DIS-**SCATTERING/BURIAL** SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. DISPOSITION CHARGE OF DISPOSITION AT SEA OR POSER - IF APPLICABLE IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER

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

THAN IN A CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-13-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup Burial Container..... 49.00 Paid receipt number Balance due 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. hereby authorize the interment in lot I hold under deed.

REA-104 (3-04)

18849

At Need

This information is available in alternative formats upon request.

Invoice

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MAI	KE NO ERASURES,	WHITEOUTS OR C	THER AL	TERATIONS	Fd		
14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		1	2. DATE OF BIRTH	3. DATE	OF DEATH	4. SEX
	John		-	Doe		- 1	MONTH, DAY, YEAR	08/1	2/2003	M
54	CITY OF DEATH) [58. COUNTY OF DE ENTER STATE San Die	ATH — OUTSIDE CALIF	OF IN	RELATIONSHIP, FULL FORMANT Y HODOS-Pub	MAILING A	DDRESS AND	
7A		Aztlan 785	A-FUNERAL DIRECTOR OR PERSON. 66 La Mesa Blvd.	ACTING AS SUCH 78. C.		5201	A Ruffin R	d.		
	ACKNOWLEDGEMENT OF	APPLICANT i hereby actors of the Health of	wiedge as applicant that the proposed disposition stand and Salety Code, and was authorized pursuant to Sec	aled herein is one of the dispositio	ns authorized by Section 103055 y Code.	DOM	can a mo	200		0/2004
	PERMIT 0/596 AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$13.00	88. DATE PERMIT	Maks Maks	9C. SIGNATURE OF LOCA ▶ 2420751	AL REGISTRA	AR ISSUING PE	PIMIT .
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E ITEMS	CREMATION		O, CA 92102 DRESS OF CALIFORNIA CREMATO	DRY	/2-/5 C 12B. DATE CREM	3,777 1,775.55	Ocman C. SIGNATURE OF PER	SON IN S	HARGE OF CR	REMATION
LL APPLICABLE	SCIENTIFIC USE	13Ã. NAMEAND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECE	IVED 13	C. SIGNATURE OF PER	ISON IN C	HARGE OF FA	CILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		14B, DATE SHIPF	PED 14	C ADDRESS AND SIGN OF PLACING WITH T			CHARGE
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

City of San Diago Oate 13-13-04 You are hereby authorized and instructed, subject to your rules and regulations, to inter the rampins of Ohm Diago 14 20040 395 228398 in a Diagost 10	"	MIEDWENT OUDEN	
A your rules and regulations, to inter the remains of the property of the prop	1 Deer	City of San Diego	
To be part of the	k r		(F)
in a Church, Chepel Grabelde Ollussus Affect Superior 200 p.m. of regular work day or an extra liftings of 5 Will be applied and billed to undersigned. Chivition Security S			
in a Church, Chapel, Grabeside Ollustus Affect Superior Stock Affect Superior Superi	. You are hereby authorized and in-	structed, subject to your rules and regulations, to inter the remains	
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INVOICE DATA ENTRY ACRO2U PSWD: ACRO2U PSWD: INVOICE DATA ENTRY C. OOT PG 1
ACTION: D BY: ACCOUNT: 000952 INVOICE: 410548 INV DATE: 12 20 04 NAME: 2) 1) 3) 4) ZIP: CITY: ST: COUNTRY: CITY: ST: ZIP: COUNTRY:

EPT: 072 CONTACT: MARIA VILLEGAS PHONE: 619 527 3400

REFER NO: E-18849 DAYS DUE: 030 INV TYPE: GA TYPE CHG: ___ NOTICES: Y TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _ TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 776.23 DESCRIPTION OF CHARGE THUOMA JOHN DOE PA#20040395 DIV 13 LOT 19 GRAVE 1A 131.00 OPENING/CLOSING 454.00 BURIAL CONTAINER 132.00 RECORDING FEE 49.00 SALES TAX 10.23 TOTAL DUE 776.23 TE CHARGE #1 - DAYS DUE: 30 AMOUNT: 776.23 AND/OR PCT CODE: #2 REQUEST COMPLETE. INVOICE MARKED FOR DELETE.

A PYC 000952 419727 ACT FUND DEPT ORG ACCT J/O OPER BN/EQ FACILI 100 072 77184 000072 100 072 77182 000072 100 072 77183 000072 60101 78390	ACF	RD2U ACT A	ION	BY PYC	ACC0		INV	OICE	E	INVOICE TOTAL 776.23
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CITY	: SAN DIEGO	ST: CA Z	IP: 92123	COUNTRY	:	
PT: 072	CONTACT:	PAULETTE CRAW	FORD	PHONE: 61	9 527 34	01
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TREAS-REE	: Y ENCLOSURES:	Y PD COVERED	: _ EXCEP	T_CODE: _	ACCRUAL	CODE: _
TIME PAYN	CODE: _ STD D	DESC CODE:	INVOICE	TOTAL:		776.23
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n g	BURIAL CONTAIN	ER		132.00		
14 篇	RECORDING FEE			49.00		
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ATE CHAP	RGE #1 - DAYS DUE:	AMOUNT:	\$7.50 	AND/OR	PCT COD	E:
	#2	The second designation of the second				9
THE THUOT	CE HAS BEEN ADDED.	HIT PA1 AND A	DD THE ACCO	UNTING DATA.		

INTERMENT ORDER

AT Need, 12	City	of San Diego			
AT NECHAIRS	-16-04 11	1:27 PAID	Date	12-1	3-04
You are hereby authorized a			s and regulation	ns. to inte	r the remains
	ndolyn		2284	103	**
in a Liner)	Funeral, date, ti	mefRida	y Da	2 17th 10
Church, Chapel, Graveside			Kagsdi	Elen.	Mortuary.
All Funeral cars must arrive	before 3:00 p.m.	of regular work	day or an extra	charge of	supper
will be applied and billed to u	55 50 30	500	.52	1350	
Wester	6 S	DAI			752
Division /2 Section	on2_ B	Ik/Row Al	D.87	Grave	_5
Grave space & Care Fund		DEC LE	2006		985.00
Overtime/Late Arrival Fees		DEC 1 6 2	2004		
Opening/Closing & Setup			SEMETER	v	413.00
Opening/Closing & Setup Burial Container	MOU	NT HUPE (SEMETER	T	209.00
CONTRACTOR CONTRACTOR	·······				160.00
Handling Fees				Merallices	100.00
Flower vases - Marker settin				WW.	50,00
Recording/Filling/Transfer Fe	105				11.00
Sales taxes	***************************************	************************			1032 2
			Total Due		18000
	Paid	receipt number	K-583	28	1833.00
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I hereby certify I am the and this is your authority to	and the second of the second o		of the	above na	med decedent
that I have the right to make	this authorizatio	n and I agree to	hold Mt. Hope (Cemetery	harmless from
any liability on account of sa	id authorization a	3243	GENE	COA	7
I hereby authorize the interm	ent in lot I	Prot Name		In the second	9-200000
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Signature	ary	Address	andie	400	A 92114
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Paulett	<u>e</u>	Telephone	11-		
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REA-104 (3-04)	This inform	nation is availab	le in alternative	formats (upon request.

GRAVE BLIND CHECK FORM

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

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK 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 12/04/1955 PD12/10/2004 Gwendolvn Scott SA CITY OF DEATH 6 NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE 58 COUNTY OF DEATH - OUTSIDE CAUE ENTER STATE OF INFORMANT San Diego San Diebo Eugene Scott, Husband 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 7884 Skyline Drive Anderson-Ragadale Mastuary: 5050 Federal Blvd. San Diego, CA 92114 San Diego, CA 92102 BA. SIGNATURE OF APPLICANT - Person being permi :8B. DATE SIGNED FD-1329 I hereby acknowledge as applicant that the proposed deposition stated herein is one of the dispositions authorized by Section 10305 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. ACKNOWLEDGEMENT OF APPLICANT 12/15/2004 9A. AMOUNT OF FEE PAID 98 DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR 12/15/2004 2421079 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA V. Davis LOCAL REGISTRAR SE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TY'N RECYBER A NEW Vital Records, P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT 1. DISPOSITION PENDING - REMAINS LOCATED A (Name and Address) B. CREMATION F. DISINTERMENT DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED 11C. SIGNATURE OPPERSON IN CHARGE OF BURIAL Mt. Hope Cemetery: 3751 Market Street BURIAL San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B, DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT

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

15B DATE OF

DISPOSITION

15C SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

15D LICENSE NUMBER OF

CREMATED REMAINS DIS-POSER -- IF APPLICABLE

SCATTERING/BURIAL

AT SEA OR

DISPOSITION OTHER THAN IN A CEMETERY

INTERMENT ORDER

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Need	City of San Diego		2 21
. I chart	92 15 18 2 20	Date 12-(3-04
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of CAROL CY	nn Willia	ms 2284	05
in a Liner Type of Burial Comfainer	Funeral, date, ti	me Mr. Dec.	110 11
Church Chapel, Graveside	4	ATKINS - FL	un Mortuary
All Funeral cars must arrive before 3:0	0 p.m. of regular work o	day or an extra charge o	f\$
will be applied and billed to undersign	ed.		
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hereby certify I am the FATH	HL	20.000.000.000.000.000.000	amed decedent
and this is your authority to make dis	DUSHION OF FEIRIBIAS AS A	bove indicated. I certify	and represent
hat I have the right to make this authors any liability on account of said authors	ration and interment.	noid Mit. Hope Cemetery	narmiess from
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hereby authorize the interment in lot not under deed.	Print Name	O GRANITE	~ 0
April Spin	Address	O GOMINA	CIK
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a D Wankerd	(951	679-5340	<u> </u>
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MT HOPE CEMETERY



GRAVE BLIND CHECK FORM

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

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK 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 12/10/2004 6171271963 Williams Camol Lwnn 5A, CITY OF DEATH 6. NAME, RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH - OUTSIDE CALIF. San Diego OF INFORMANT Chula Vista George Ray Spicer - Father 7A, TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178, CALIF, LICENSE NUMBER 29170 Granite Circle - IF APPLICABLE Atking Puneral Service CA 92584 5551 Corning Ave., L.A., CA 90056 PD 1817 AA SIGNATURE OF AF LICANT—Person taking permit: 88. DATE SIGNED Thereby acknowledge as applicant that the proposed disposition eighted herein is one of the dispositions authorized by Section 100055 ACKNOWLEDGEMENT OF APPLICANT of the Health and Safety Code, and was sufnorized pursuant to Section 7100 of the Health and Safety Code 9A. AMOUNT OF FEE PAID 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 13.00 **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA. TION REQUIRES A NEW PERMIT TO SHOW FINAL P.O. B 85222, San Diego, CA DISPOSITION 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY BURIAL (INCLUDES ENTOMBMENT) TEMPORARY ENVAULTMENT I. DISPOSITION PENDING — REMAINS LOCATED A (Name and Address) CREMATION DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery, 3751 Market Street BURIAL San Diego, CA 92102 12-17-04 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION TEMS CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED: 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF CREMATED REMAINS DIS-SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER MA THAN IN A CEMETERY

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

INTERMENT ORDER

at	Nee	d
H'		

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of	- 1	City of San Diego
of	At Need 12-13	-04 14:49 PAID Date 12-13-04
of		eted, subject to your rules and regulations, to inter the remains
Funeral, date, time for 12/20/04 11:00 Rucch Chapel (Graveside) All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Division 2 Section 3 Bik/Row Lot 92 Grave 8 Grave space & Care Fund 985 — Overtime/Late Arrival Fees Opening/Closing & Setup Burial Container 209 — Handling Fees Flower vases — Marker setting fee Recording/Filling/Transfer Fees DEC 1-3 2004 Sales taxes MOUNT HOPE CEMETERY Due 1833.20 Faid receipt number 8 — 583/1 1833.20 Balance due 9 I hereby certify I am the and this authorization of remains as above indicated. I certify and represent that I have the right to make this authorization and I 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. Pass A 2 2 2 5 5 7 Pass A 2 2 2 5 5 7 Invoice # Invoic		A
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$	1 44 4	
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 92 Grave 8 Grave space & Care Fund 985 - Overtime/Late Arrival Fees Opening/Closing & Setup 4/13 - Burfal Container 209 - Handling Fees Flower vases - Marker setting fee Recording/Filing/Transfer Fees DEC 1-3-2004 50 - Sales taxes MOUNT HOPE CEMETER's Due 18-33.30 MOUNT HOPE CEMETER's Due 18-33.30 Paid receipt number 8-58-3/1 18-33.30 I hereby certify I am the 4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	Type of humal@estainer	
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GRAVE BLIND CHECK FORM

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

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

A	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE ANTONETTE	1C. LAST (FAMILY) RIVERA	III EOO IS ON O	2 DATE OF BIRTH MONTH, DAY, YEAR 12/11/1950	3. DATE OF DEATH WONTH 047 YEAR 12/10/2004	4. SEX
	San Diego			ENTER STATE San	Diego	6. NAME, RELATIONSHIP, FULL		ID ZIP CODE
A		DORESS OF CALIFORNI gill Mortus , CA 92115	ia-funeral director or pens ary: 6322 E1 Caj	The state of the s	***	1828 29th St, San Diego, CA 8A SIGNATURE OF APPLICANT-		E SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby action of the Health	owledge as applicant that the proposed dispositi and Sefety Code, and was authorized pursuant	on stated herein is one of the dispositions and to Section 7100 of the Health and Safety Code	horized by Section 103055	· Male Work	O 12/	17/2004
	ALTERNATION OF	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTH IN SPECIFIED IN THIS PERMIT. D RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	13.00	98 DATE PERMIT		AL REGISTRAR ISSUING P	EAMIT •
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E IEMS	CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA CREM	IATORY	12B, DATE CREMA	TED 12C SIGNATURE OF PER	SON IN CHARGE OF C	REMATION
APPLICABLE	SCHENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA FACIL	TY RECEIVING REMAINS	13B, DATE RECEN	/ED 13C, SIGNATURE OF PER	RSON IN CHARGE OF F	ACILITY
CAMPLETE	TRANSIT		DDRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO		14B. DATE SHIPPE	D 14C, ADDRESS AND SIGN OF PLACING WITH 1		N CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, D IDENTIFY FINAL PLACE AND C EA, <u>ONLY</u> ENTER LATITUDE AN	A DISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION CREMATED	SE NUMBER OF REMAINS DIS- APPLICABLE

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

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JEED JE WITHS	MT. HOPE CEMETE	ERY	
ie e rue mair	INTERMENT OF	RDER	
arro	City of San Diego	9	
MISARS		Date _ [2	2/13/04
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Type of Bank Container	CAPI Foneral, date,		y 12-17-04
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All Funeral cars must arrive be	lore 3:00 p.m. of regular work	day or an extra ct	narge of \$
will be applied and billed to und	Jersigned.		
11	2	2.0	
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Grave space & Care Fund	E-1798	Ģ	0
Overtime/Late Arrival Fees			
Opening/Closing & Setup	***************************************		0
Burial Container			0
Handling Fees		••••	0
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	Pald receipt number		
		THE RESERVE OF THE PARTY OF THE	ce due
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and this is your authority to me	ake disposition of remains as	above indicated.	bove named deceds I certify and repress
that I have the right to make this any liability on account of said a	s authorization and i agree to authorization and interment.	o noid Mt. Hope Ce	emetery harmless fro
	71	Ruby Wb	tonale
hereby authorize the interment hold under deed.	Print Name	au Ell	11-11
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Signature Curry VIII's	500	11 1	
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& Printed on recycled paper

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Grave Laid	out by:	KEN			-
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Agrees with	n Map:	es 🗆 N	10 -	lag	/ ,
Blind Chan	k & Verified	Buth A.	1	- Dia	who

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 77

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

_			USE BLACK INK UNLT - MAT	LE NO ENASURES,	WHITEOUTS OR O	INCH ALIENATIONS	S-12-2
1,4	NAME OF DECEDE	NT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	WS, JR	2. DATE OF BIRTH MONTH, DAY, YEAR 07/25/1927	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 12/08/2004 M
	ECM (W CHAPEL 3953 IMPI	5B. COUNTY OF DEJ ENTER STATE S ACTING AS SUCH 7B. CA ERIAL	TH — OUTSIDE CALIF. AN DIEGO	6. NAME, RELATIONSHIP, FULL NOF INFORMANT DAN H. MATHEWS 856 TOYNE ST SAN DIEGO CA 92 8A. SIGNATURE OF APPLICANT—	- SON
	ACKNOWLEDGEMENT OF A	1 horsely action	celedge as applicent that the proposed disposition ste and Salety Code, and was authorized pursuant to Sec			- Kin Clis	12/10/200
	ALTERNATION OF	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. DIRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	12/15/20 L CASTR	04 2420975	REGISTRAR ISSUING PERMIT
3		VITAL RE	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA CORDSPO BOX 852 O CA 92186-5222	F		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	
	A. BURIAL (INCLUDES B. CHEMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS (упнен	E TEMPORARY ENVAUI F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSID	Sua F	L DISPOSITION PER	NOING — REMAINS LOCATED AT
	BURIAL	MT HOPE C	ORESS OF CALIFORNIA CEMETER CAMETERY 3751 MARKI CA 92102	The Later Company of the Company of	11B. DATE BURIED	11C. SIGNATURE OF PERS	ON IN CHARGE OF BURIAL
SLE ITEMS	CREMATION	12A. NAME AND AC	DDRESS OF CALIFORNIA CREMATO	ORY	128. DATE CREMA		ON A CHARGE OF CREMATION
ILL APPLICABLE	SCIENTIFIC USE	13A. NAME AND AD	ODRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	138. DATE RECEIV	/ED 13C. SIGNATURE OF PERS	SON IN CHARGE OF FACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B, DATE SHIPPE	D 14C. ADDRESS AND SIGNA OF PLACING WITH TH	ATURE OF PERSON IN CHARGE BE CARRIER
in .	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CA DI EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	ISC. SIGNATURE OF PERS CHARGE OF DISPOSI	

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

INTERMENT ORDER

ATNEED

City of San Diego

12-14-04 11:43 PAID

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Date		1770 178	~

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na	Slab	Funeral, date, t	motues. Dec	. W 20091"
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Division M	luslim Section_	BlivRow	Lot 83 Grav	ve
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hereby authold under d	porter the interment in lo	Chick Blazzon	CON Nuho	CONTROL - 100 - 10
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Non-1	Res.	Cty (6 /	7)474-14	- Zin Code
Paule	ette	Invoine #	18-4141	
Work Order :				

GRAVE BLIND CHECK FORM

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

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE MIHRIDDENE	1C. LAST (FAMILY)	6		DATE OF BIRTH	3. DATE OF MONTH, DA 12/13/		4. SEX
5A.	CITY OF DEATH	A	100000	58. COUNTY OF DEATH	- OUTSIDE CALIF.	6. NAME, R	ELATIONSHIP, FULL	MAILING ADD		
G	REENWOOD N	CORTUARY, I-	-805 & IMPERIAL A	NACTING AS SUCH 78 CALIF. — IF AP FD 84	PLICABLE	CHULA	RIDGERACK VISTA CA URE OF APPLICANT	- 91910	88 DATE	SIGNED
3	ACKNOWLEDGEMENT OF A	APPLICANT I hereby acknowled the Heelth of	winige as applicant that the proposed disposition nd Selety Code, and was authorized pursuent to	n stated herein is one of the dispositions aud Section 7100 of the Health and Salety Code	honzed by Section 103055	» (C	12			/2004
	(Committee of	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF MID SAFETY CODE AND IS THE AUTHOR SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORM	412 00	12/14/200 K JONES	04	2420940	al registrar i	SSUING PER	MIT
AN		POF BOX 852	GISTRAR OF DISTRICT OF DEAT DIN CALIFORNIA A 92186-5222		ESS OF REGISTRAR OF POSITION IS TO OCCUR II					
	B. CREMATION	* ·		F DISINTERMENT	+:	ipri	DISPOSITION P		AINS LOCATI	D AT
	B. CREMATION	CREMATED REMAINS OF TERY 11A. NAME AND AD ATT HOPE C	DRESS OF CALIFORNIA CEMETE RMRTERY, 3751 MAI	F DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE O	F CALIFORNIA	110.5		* + 1		·
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ALL APPLICABLE ITEMS	B. CHEMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	11A. NAME AND AD MT HOPE C SAN DIEGO 12A. NAME AND AD	DRESS OF CALIFORNIA CEMETE EMETERY, 3751 MAI CA 92102	F DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF	F CALIFORNIA 11B. DATE BURIED 12-14-0	Y ► TED 12C.1	SIGNATURE OF PER	ISON IN CHAR	GE OF BUF	MATION
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COPY 2 IS RETAINED BY THE 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	Nee
L .	1.10

T NEED	
(6)	City of San Diego
DI.P.	Date 12-14-04
37.56	12-17-04 08:45 PAID
	d, subject to your rules and regulations, to inter the remains
of Jeremy L). Hogan 228401
ina T.S. Wault	Funeral, date, time FRI day Dec . 17th
Church Chapel Graveside	Ragsdale Monuary.
	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
will be applied and diled to undersigned	
Division / Section /	Blk/Row Lot /O/ Grave 4
Ar Wildli So W	906 N
Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	275.00
Burial Container	ΡΔΙ Ο 204.00
Flower vases - Marker setting fee	5 W
Recording/Filing/Transfer Fees	NFC 1 7 2004 50.00
Sales taxes	2131
	OUNT HOPE CEMETERY 191831
Part M	Paid receipt number R-58331 1948.31
MORT > YOUT	W Control Control Control
FO .	Balance due
hereby certify I am the YON	of the above named decedent sition of remains as above indicated. I certify and represent
	zation and I agree to hold Mt. Hope Cemetery harmless from
any makiny on account of said administra	uon and memeric
hereby authorize the interment in lot I	Diana Hogan
hold under deed.	972 ALVIN ST
Stane HES	= A00985 92114
352	619 5270029
ulette	Telephone
40055	Invoice #
Work Order # E 18855	Acct. #
Nun Jiun F -	
REA-104 (3-04) This is	nformation is available in alternative formats upon request.

MT HOPE CEMETERY

E1885

GRAVE BLIND CHECK FORM

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

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS [-18855]

IA. NAME OF DECED	ENT. FIRST (CIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	IN LOOK ON ON	2. DATE OF BIRTH	3 DATE OF DEATH	4. SEX
Jereny	LIVI-Y INOT (GIVEN)	David			1270771986		M
San Diego 7A, TYPED NAME AND A Anderson—R.	agsdale M wo	ia-Funeral Director or Person Cuary; 5050 Federa	5B. COUNTY OF DEATH ENTER STATE San Diego ACTING AS SUCH; 7B. CALIF.	LICENSE NUMBER	6 NAME RELATIONSHIP FULL OF INFORMANT Diana Hogan, Mot 972 Alvin Street San Diego, CA 92	L MAILING ADDRESS AND her :	A CONTRACTOR OF THE
San Diego,	CA 92102		FD-13		BA. SIGNATURE OF APPLICANT		SIGNED
ACKNOWLEDGEMENT OF	APPLICANT I hereby actor of the Health	rowledge as applicant that the proposed disposition st and Salely Code, and was authorized pursuant to Se	ated harein is one of the dispositions aut clion 7100 of the Health and Salary Code	horized by Section 103055 i.	▶ \	12/15	/2004
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH MY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT DIRBHT OF DISPOGAL OUTSIDE OF CALIFORNIA	13.00	96 DATE PERMIT 12/15/200 ▼. Davis	: : : : : : : : : : : : : : : : : : :	CAL REGISTRAP ISSUING PE	PMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	IF DEATH OCCURE	EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA ds, P.O. Box 8522 CA 92186—5222	#F DISI		IF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	ia .	
B. CRIEMATION G. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	F CREMATED REMAINS (ETERY E	OTHER			Neme and Addre		
BURIAL	San Diego,			12.170	4 - CW2	u.	
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SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B DATE RECEIV	ED 13C. SIGNATURE OF PE	RSON IN CHARGE OF FA	CILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B DATE SHIPPE	D 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAD EA, ONLY ENTER LATITUDE AND LI	ISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO		EMAINS DIS-

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

Pre-need •

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/15/04

of	MyR	tle DA	VIS		
in a		Fun	neral, date, time		
Church, Cha	Type of Buildi Contere pel, Graveside	1			Mortuary
All Funeral ca	ars must arrive be	afore 3:00 p.m. of re	egular work day or a	n extra charge of	\$
will be applie	d and billed to un	dersigned.	NO. 00. 00. 00. 00. 00. 00. 00. 00. 00. 0		
Division	2 Section	35/12/15/	AND DESCRIPTION OF THE PARTY OF		142
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1 000	287		Pd in Fu	11 Balance	
	for I am that		Mark and the second second	of the above na	and represent
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hereby certi and this is yo that I have th any liability o	our authority to m e right to make th n account of said	nis authorization and in authorization and in	d I agree to hold Mt.	Hope Cemetery	harmless from
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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com-Postage Certified Fee Postmark Return Receipt Fee Here (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ Sent To Street, Apt. No.: or PO Box No. City, State, ZIP+4

See Reverse for Instructions

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PS Form 3860, June 2002

ASS HRST CL - RETURNED. Myrtle Days SENDER 239 CANCI AIMED La Mes 91941 0000 0810

117 13



CITY OF SAN DIEGO, CALIFORNIA

WHITE - CUSTOMER

YELLOW - RETURN

EDI REF NO: C433403

MAKE REMITTANCE PAYABLE TO CITY TREASURER. RO.BOX 122289

SAN DIEGO, CALIFORNIA 92112 PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

MYRTLE DAVIS 10880 CALLE VERDE #239 LA MESA, CA 91941 LA MESA CA 919

ACCT NO 128579

CA 91941 6196609055

-TREASURERS USE DNLY--PAYMENT DATE: BY: CA CK IF ED PAYMENT REF NO AMT PAID: INVOICE DATE PAYMENT DUE PERIOD COVERED 01/04/06 01/14/06 DECEMBER FOR INFORMATION CONCERNING YOUR BILLING CONTACT: MT. HOPE CEMETERY REF NO: E-18856 619 527 3400 DEPT: MT. HOPE CEMETERY

PRE-NEED LOT DIVISION 12 SECTION 2 LOT 87 GRAVES 1 & 2

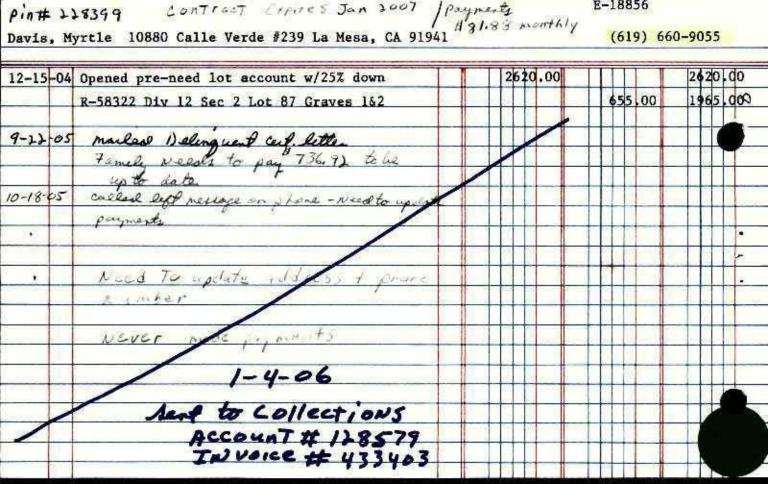
DESCRIPTION OF CHARGES

1,965.00

AMOUNT

TOTAL DUE 1,965.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT
MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO
AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE
SUBJECT TO A COLLECTION FEE OF 10% OR \$25,
WHICHEVER IS GREATER, INTEREST OF 12% PER YEAR
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT,
ACCUSTOMER COPY INV NO. 433403



ACR07I

INVOICE: 433403

ACCOUNT: 128579

INVOICE INQUIRY

INV TOTAL:

NAME: MYRTLE DAVIS

1,965.00

INVOICE STATUS

DISPOSITION

DATE

03/01/06

AMOUNT 1,965.00

COLLECTION ACTIONS

LATE NOTICE - 1ST:

REFERRED TO - TREAS COLLECTION: 01/24/06 - CITY ATTORNEY

- 2ND: - 3RD:

- COLLECTION AGENCY:

LATE CHGS BILLED

DATE

INVOICE

AMOUNT

LATE CHG-1:

-2:

DEPRESS PA1 KEY FOR NEXT SCREEN

E-18856

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 15th day of December, 1300 %, between Muntle Davis, herein known as "Purchaser," and the City of San Biego, 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 67, Grave 142, Row, Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$ 2,620, payable as follows: \$ (655 cash herewith, the receipt of which is hereby acknowledged; 81586 / on the 10 day of February, 19260; and the balance in installments of \$ 8/200 or more, payable at the office of Mt. Hope Cemetery, on the 10+hday 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 abovedescribed exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

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

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

F18856

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.

£18856

WITHESS our hands this day and year above written.

Deed to be issued to:

23 @ 81.88

1 e 81,76

Name

Address

PURCHASER

* Myntle J. Davis

1 4 lle

1080 Calle Verde #239

Street Address (Mail)

LA HESA

CA 91

CITY OF SAN DIEGO Mt. Hope Cemetery

By: Maria Villegas

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





THE CITY OF SAN DIEGO

9/22/2005

CERTIFIED MAIL RECEIPT NO. 7005 1820 0000 0810 3816

Ms. Myrtle Davis 10880 Calle Verde # 239 La Mesa, Ca. 91941

Reference: Delinquent Pre-Need Account

Dear Ms. Davis,

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since December 15, 2004. Your contract specified that your first payment of \$81.88 was due Feburary 15,2005, and every month thereafter. To bring your account to a current status, you need to pay \$736.92. Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by October 1, 2005, 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-18856, issued December 15, 2004. Cemetery location: Division 12, Section 2, Lot 87, Grave I & 2.

Sincerely,

David Lugo

Cemetery Manager

Attachments:

Interment Order

Contract Entry Verification



ACROST PSWD	INVOICE DATA ENTRY	F 1685	6 pg
ACR02U PSWD: ACTION: A BY: SSB ACC	OTINT: 128579 INVOTOR	. 433403 TNV DAT	E: 01 04 06
NAME: MYRTLE DAVIS	CONT. 126579 INVOICE	. 155105 INV DAL	D. 01 04 00
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1) 10880 CALLE VERDE #23		5A, CA 91941	
3)	4)	a communication	CCCCCCC
CITY: LA MESA		1 COUNTRY: 61	
PT: 072 CONTACT	: MT. HOPE CEMETERY		
REFER NO: E-18856 DAY			NOTICES:
TREAS-REF: Y ENCLOSURES:			
TIME PAYM CODE: _ STD	DESC CODE: INVO	ICE TOTAL:	1,965.00
DESCRIPTION	ON OF CHARGE ECTION 2	AMOUNT	
PRE-NEED LOT		1,965.00	
DIVISION 12 S	ECTION 2		
LOT 87 GRAVES	1 & 2		
J*			
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ACROIU PSWD:

CUSTOMER MASTER

ACTION A

OPTION 1

ACCOUNT EDI CODE

128579

CUSTOMER NAME

SHORT NAME

MYRTLE DAVIS

MYRTLE

ADDRESS: 10880 CALLE VERDE #239

LA MESA, CA 91941

CITY

MT. HOPE CEMETERY

STATE

ZIP

COUNTRY

LA MESA

CA

UPD BY

91941

6196609055

CUSTOMER CONTACT - NAME

PHONE ORIG DEPT

619 527 3400 072

STATEMENTS N

SSB

LAST UPDATED 01/04/06

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PA1 FOR NEW REQUEST.

NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 12-17-04 11:42 PAID

Date 12/15/04

ina Liner	Funeral, date, time TUES 12/21/04 11:0
Type of Buriel Container Church Chapel, Graveside	: CA. BURIAL Mortua
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	
Masonic B	J
Division Section B	Ik/Row Lol Grave
Grave space & Care Fund	PAID &
Overtime/Late Arrival Fees	
Opening/Closing & Setup	DEC 1 7 2004 4/3
Burial Container	209
Handling Fees	OUNT HOPE CEMETERY /60
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	16
make and a Care	Total Due848
locatuary to Pay Paid	receipt number
	Balance due
I hereby certify I am the	of the above named decede n of remains as above indicated. I certify and represe
that I have the right to make this authorization any liability on account of said authorization a	in and I agree to hold Mt. Hope Cemetery harmless fro
ary marmy on account of our accionation.	
I hereby authorize the interment in lot I hold under deed.	Print Name
	Abdress XV 100
Signature (725	City AD 100
(R) maria	Prim Name Address City 500 000 200 000 000 000 000 000 000 000
() laude	A CONTROL OF THE CONT
= 18857	Invoice #
Work Order #	Acct. #

MT HOPE CEMETERY

E18857

GRAVE BLIND CHECK FORM

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

	- 3		100-100	-
	x	Griswald	Hildal	10
•	 Wals			

Blind Check Initiated By: Maria Date: 12/17/6
Interment space for: Vian Smittick
Interment Date: 12/21/04 Time: 11:00
Div: B Sect Mason bak/Row: Lot: 4 Gr: 5
Grave Laid out by: Acronon teg
Agrees with Legal Card: XI Yes No No
Agrees with Map: Yes
Died Charle & Marie and D. M. A. Tramper to D. Mark

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
5/	CITY OF DEATH		INEZ	SMITTICK 5B. COUNTY OF DEA	THOUTSIDE CALLE		2/2004 P
\	NATIONAL (SAN DIEG)	OF INFORMANT VELMA SMITTICK-DAUGH	
7,0	CALIFORNI	A BURIAL CH	APEL HATTONAL CITY, CA	-IF	IF, LICENSE NUMBER APPLICABLE -1889	3434 E. FLORENCE ST. SAN DIEGO, CA 92113	. #7
-	ACKNOWLEDGEMENT OF	I hereby acid	confedge as applicant that the proposed disposition sta and Salety Code, and was sufficient pursuant to Sec	led hersin is one of the dispositions	authorized by Section 103055	BASIGNATURE OF APPLICANT POWER SEEN	12/17/2004
36	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	C. RUSS	essued 9c. signature of local regist 2421218	TAR IŠSLING PERMIT
23	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VITALREECO	GISTRAR OF DISTRICT OF DEATH HED IN CALIFORNIA RDS-P.O. BOX 85222 CA 92186-5222	10.0		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	
	A. BURIAL (INCLUDE B. CREMATION	CREMATED REMAINS O	E	E TEMPORARY ENVAUL F. DISINTERMENT G. SHIP IN TO CALIFORM D. TRANSIT TO OUTSIDE	IA,	FOR CORONOR I. DISPOSITION PENDING — (Name and Address)	— REMAINS LOCATED AN
	BURIAL		CEMETERY 3751 MARK		20/-/	11C. SIGNATURE OF PERSON IN	CHARGE OF BUHIAL
32			, UM 92102		MAIQIII	4 TILL MOUNTA	miles
BLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMATO	PRY	128. DATE CHEM	ATED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
APPLICABLE	CREMATION SCIENTIFIC USE	0. 51	A District Control of		138. DATE CHEM	>	CHARGE OF CREMATION
COMPLETE ALL APPLICABLE ITEMS	SCHENTIFIC USE	13A. NAME AND AC	DDRESS OF CALIFORNIA CREMATO	RECEIVING REMAINS		VED 13C. SIGNATURE OF PERSON IN	OF PERSON IN CHARGE

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

POWER OF ATTORNEY

שלשכעכטעום



Signature ALL PURPOSE ACKNOWLEDGEMENT State of Airfornic County of San Diego On 1-13-2004, before me, the undersigned, a Notary Public in and for said State personally appeared, Northy Wheeler personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal	KNOW ALL MEN BY THESE PR	ESENTS: That
FREDRIC E. ZARSE, a licensed and bonded cemetery broker in the State of California, his true and lawfi attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows: MASONIC ARFA SECTION B LOT 4 GRAVE 5 GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and eve and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall law do or cause to be done by virtue of these presents. Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural. Signature ALL PURPOSE ACKNOWLEDGEMENT State of ALTONIC County of SAN DIEGO On 1-13-2014, pp before me, the undersigned, a Notary Public in and for said State personally appeared, Drothy Weller Signature before me, the undersigned, a Notary Public in and for said State personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the sam on his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), and the person(s) acted, executed the instrument. WITNESS my hand and official seal	DOROTHY &	WHEELER
SECTION B LOT 4 GRAVE 5 GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and ever and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall law do or cause to be done by virtue of these presents. Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural. Signature ALL PURPOSE ACKNOWLEDGEMENT State of Afformic County of San Diego On 1-13-2004, personally appeared, a Notary Public in and for said State personally appeared, and to the within instrument and acknowledged to me that he/she/they executed the sam in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), mitty upon behalf of which the person(s) acted, executed the instrument. MARIAR. STANLEY	FREDRIC E. ZARSE, a licensed an attorney for him and his name, place as matters pertaining to the sale, disposal, parcel of cemetery property described a	d bonded cemetery broker in the State of California, his true and lawful and stead and for his use and benefit to perform and sign in his place in all use, or to give burial rights to any other party or parties to that certain as follows:
GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and ever and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall law do or cause to be done by virtue of these presents. Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural. Signature Signature ALL PURPOSE ACKNOWLEDGEMENT State of Airfornia County of San Diego on 1-13-2014, pe before me, the undersigned, a Notary Public in and for said State personally appeared, Drothy Wheeler personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the sam is his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), mitty upon behalf of which the person(s) acted, executed the instrument. MARIAR. STANLEY	MASONIC A	REA
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MARIAR STANLEY	name(s) is/are subscribed to the within in his/her/their authorized capacity(ies).	instrument and acknowledged to me that he/she/they executed the same, and that by his/her/their signature(s) on the instrument the person(s), or the
	WITNESS my hand and official seal	Commission # 1360586
Notary Public Signature (SEAL) Notary Public Signature (SEAL) Notary Public Signature Notary Public Signature (SEAL) Notary Public Signature Notary Public Signature Notary Public Signature Notary Public Signature	Provide Signature	

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT	Power Of Attorney		3
DATE OF DOCUMENT	Carried and Control of the Control o	NUMBER OF PAGES	2000
SIGNER(S) OTHER THAN NAMED	ABOVE	7000	

12/15/2004

14:39

SO MT. HOPE CEMENTERY + CALIF BURIAL

NO.320 P01

MEED

MI, HOPE CEMETERY INTERMENT ORDER

Gity of San Diego

Date 12/15/04

The Local Granatio	FUNETRI, GARO, STING TUES 10/21/04 11:00
All Funeral care must errive belove 3:00 p.m.	of regular work day or an exita charge of \$
with the applied and billied to undersigned	
	1
Ohman B Section MB3 B	M/Row Lat Grace 5
	<u> </u>
Overdinso/Sets Animal Facts	4/3
Opening/Closing & Setuin	oak 209-
Buddel Contigues	160-
Hending Posts	ion)
Flower visus – Marker setting les .	1910
Resonanty-Himg/Transfer Files	1/60
Salus 14009	2482
	Tetal Due 848
	receips number
	records number 8482
loctuary to Pay rec	recotor number
Doel Laky to Pay paid Theretor contify I am the and this is your controlly to make disposition that I have the talk to make this authorization	S4824 Solance Gue of the above named decedent to promising as above indicated, i confly and represent the and I agree to hold lift, Hope Comment humiling from
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MT. HOPE CEMETERY

INTERMENT ORDER

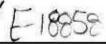
City of San Diego

AT NEED

Date 12-15-	04
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ou are hereby authorized and instruction of Milliam P. L.	udwia	228	327
a D.P. aupt"A	" Funeral, date	time Mon- Dec.	20th 11:a
Type of Build britaner Church, Chape Graveside		Conrad	Mortuary.
All Funeral cars must arrive Vefore 3:0	00 p.m. of regular wor	k day or an extra charg	e of \$
will be applied and billed to undersign	ed		PC
/- 2		12%	¥ 2
Division 6 Section 5	Blk/Row	Lot 136 G	rave 🔨
Grave space & Care Fund	E-18,	803	
Overtime/Late Arrival Fees	······	<u></u>	
Opening/Closing & Setup		c ja	5410
Burial Container	" Pesa	· 60	330.0
landling Fees	" UM	fq	
lower vases - Marker setting fee		/	
Recording/Filing/Transfer Fees	E-18801 V	cowpa	66.0
Sales taxes		1* -	7907
		Total Due	-
	Paid receipt number	or	-=
36		Balance	tue _
hereby certify I am the	life	of the abov	e named decedent
and this is your authority to make dis that I have the right to make this author	orization and I agree	s above indicated. I ce to hold Mt. Hope Ceme	rtify and represent tery harmless from
ny liability on account of said authoriz	zation and interment,		26.1
hereby authorize the interment in lot	1 6 A Print Name	12-11-11-11-11-11-11-11-11-11-11-11-11-1	- 6
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and Jugar	or city	طعمة عور	Zip Code
Paulette her 48	Telephone	Jell 100	
F 18858	Invoice	entro	

MT HOPE CEMETERY



GRAVE BLIND CHECK FORM

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

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS-

USE BLACK 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 0873071928 MALLITW PAUL LUDWIG M 5A. CITY OF DEATH 5B. COUNTY OF DEATH — OUTSIDE CAUF. 6, NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE. ENTER STATE OF INFORMANT La Mesa San Diego Kathryn M. Ludwig - Wife 7A, TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7/B. CALIF LICENSE NUMBER: 6170 Nagel Street IF APPLICABLE Conrad Lemon Grove Mortuary La Mesa, CA 91942 7387 Broadway - Lemon Grove, CA 91945-1533 FD941 BA. SIGNATURE OF APPLICANT—Person taking permit 18B. DATE SIGNED I hereby actnowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 12/16/2004 ACKNOWLEDGEMENT OF APPLICANT of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code 9A. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED : 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT Kim Beaulieu 2421103 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. \$13.00 12/16/2004 **AUTHORIZATION OF** NOTE: THIS PERMIT CIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION. 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH --ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA COF DEATH OCCUPRED IN CAMERDIA OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIESO, CA 92186-5222 TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS X A. BURIAL (INCLUDES ENTOMBMENT) E TEMPORARY ENVAULTMENT DISPOSITION PENDING - REMAINS LOCATED A (Name and Address) B. CREMATION F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A, NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mount Hope Cemetery BURIAL 3751 Market Street San Diego, CA 92102 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY. 12B. DATE CREMATED: 12C. SIGNATURE OF PERSONAN CHARGE OF CREMATION CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC LISE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B DATE OF 15C SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF # SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION CREMATED REMAINS DIS-POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

16:32

MT. HOPE CEMETERY

INTERMENT ORDER

ar perd

City of San Diego

Date 12-15-04

	MONDAY 11 B.M.
	- multiporty.
All Funeral cars must arrive before 3:00 p.m. of	regular work day or en extre charge of \$
will be applied and billed to undersigned.	
Division 6 Section 3 BitUT	100 136 Grave 2
Grave apace & Care Fund	
Overtimo/Late Arrival Fees	<u></u>
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tanding Fase	Turkey Company
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hereby certify (am the WIFE and this is your authority to make disposition of tall i have the right to make disposition of tall i have the right to make disposition of	Palance due Balance due of the show named decedent remains as above indicated. I certify and represent and Lagres to hold Mr. Hope Cametery hamilese from inferment.
hereby certify (am the WIFE and this is your authority to make disposition of all have the right to make disposition and hereby authorized and such artistion and hereby authorize the interment in lot (Total Due
hereby certify (am the WIFE and this is your authority to make disposition of all have the right to make disposition and hereby authorized and such artistion and hereby authorize the interment in lot (Total Due
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hereby certify I am the WIFE and this is your authority to make disposition of the industrial and such orization and thereby authorize the interment in lot I old under deed.	Total Due
Paid rec hereby certify I am the WIFE	Total Due Balance due of the shove named decedent remains as above indicated. I certify and represent inferment. Kathryn M. Ludwig Finalista 6170 Nagel Street La Mesa, CA 91942 Cay 619/466-1910

ATNEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 12-16-04 09:41 PAID

Date 12-16-04

	" Jues	1000
in a	Funeral, date, time Ptor 12-24	OU/FOC
Church, Chapel Graveside	CA BURI	Montuary.
All Funeral cars must arrive before 3:00 p.m	. of regular work day or an extra charge o	f\$
will be applied and billed to undersigned.		
Division Bection B	Blk/Row Lot_479 Grave	e_ <i>I</i>
Grave space & Care Fund	PAIU	1,095
Overtime/Late Arrival Fees		
Opening/Closing & Setup	DEC 1 6 2004	413
Burial Container		209
Handling Fees	NT HOPE CEMETERY	160
Flower vases - Marker setting fee MOUI	X1	
Recording/Filing/Transfer Fees	•••••	50
Sales taxes		162
	Total Due	1943
Pali	d receipt number & 58326	19432
4.30	Balance due	
I hereby certify I am the Alexandria Library Land this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I certify on and Lagree to hold Mt. Hope Cemetery and interment.	amed decedent y and represent y harmless from
I hereby certify I am the Authority to make disposition that I have the right to make this authorization liability on account of said authorization.	on of refinains as above indicated. I certify on and I agree to hold Mt. Hope Cemetery and interment.	and represent harmless from
I hereby certify I am the Authority to make disposition that I have the right to make this authorization liability on account of said authorization.	on of remains as above indicated. I certify on and Lagree to hold Mt. Hope Cemetery and interment.	and represent
I hereby certify I am the Authority to make disposition that I have the right to make this authorization in a light of said authorization.	on of refinains as above indicated. I certify on and I agree to hold Mt. Hope Cemetery and interment.	and represent harmless from
I hereby certify I am the Astly Like and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed. Eurly Hartor (K) Manal F 18859	on of refiains as above indicated. I certify on and lagree to hold Mt. Hope Cemetery and interment.	and represent harmless from

MT HOPE CEMETERY 18859

GRAVE BLIND CHECK FORM

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

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E-18859

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	ENT-FIRST (GIVEN)	1B. MIDDLE	1C LAST (FAMI	LY)		2. DATE OF BIRTH	3 DATE OF DE	ATH 4. SEX
ROBERT		-	ROSCOL	1	-05/30/00/00	06/21/1945	12/06/20	04 M
A. CITY OF DEATH	5			F DEATH — OUTSIDE CALIF		RELATIONSHIP, FULL I	MAILING ADDRES	S AND ZIP CODE
RAMON GROVE	8		SAN	TEGO	100 march 200 mm	HUTSONA-SIST	PED	
CALIFORNIA	CREMATION	A-FUNERAL DIRECTOR OR PERSON BURIAL CHAPEL BEN DIEGO, CA 921		7B. CALIF LICENSE NUMBER — IF APPLICABLE FD-1357	7461 LEMO	DAYTONA ST. N GROVE, CA TURE OF APPLICANT—	91945	. DATE SIGNED
ACKNOWLEDGEMENT OF	APPLICANT I hemby ackn of the Health	owledge as applicant that the proposed disposition : and Salety Code, and was sutherized pursuant to S	stated hersin is one of the dis lection 7100 of the Health and	positions authorized by Section 103055 I Seleny Code.	100	SD Benj	1	2/17/2004
E.W. W (1)	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	I ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR IN SPECIFIED IN THIS PERMIT. I RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	12/21/20 J.BENY	104	9C. SIGNATURE OF LOCA 2421321	L REGISTRAR ISSU	ING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VITAL RECO	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA EDS-F.O. BOX 8522 CA 92186-5222	10	9E. ADDRESS OF REGISTRAF IF DISPOSITION IS TO OCCU				
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE		OTHER (F DISINTERMENT	LIFORNIA		(Name and Address	M.	
BURIAL	MT. HOPE	ORESS OF CALIFORNIA CEMETE CEMETERY 3751 MAR	RY	UTSIDE OF CALIFORNIA		SIGNATURE OF PERI	SON INCHARGE	OF BURIAL
	MT. HOPE	ORESS OF CALIFORNIA CEMETE CEMETERY 3751 MAR , CA 92102 DDRESS OF CALIFORNIA CREMAT	KET ST.		4 >	SIGNATURE OF PER	Bau	ca. 🗨
CREMATION	MT. HOPE SAN DIEGO	CEMETERY 3751 MAR , CA 92102	KET ST.	118. DATE BURIL 129. DATE CREA	MATED 120	X-C+	BULLE SON IN CHARGE	OF CREMATION
CREMATION	12A. NAME AND AD	CEMETERY 3751 MAR , CA 92102 DDRESS OF CALIFORNIA CREMAT	KET ST. TORY Y RECEIVING REMA	118. DATE BURIL 129. DATE CREM 128. DATE RECE	MATED 120	KL+ C. SIGNATURE OF PER	SON IN CHARGE	OF CREMATION OF FACILITY

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need 12-16-04 11:07 PAID Date 12-16-04 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church Chapel Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup...... Handling Fees..... Flower vases - Marker setting lee Recording/Filing/Transfer Fees 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 Invoice # 18860

MT HOPE CEMETERY FIRE

GRAVE BLIND CHECK FORM

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

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Agrees with	n Map: 💆 Y	res d		X, C	,
Blind Chec	k & Verified	і ву:	unin	Date:_	12-16-

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS FD IA. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX QUINOMEZ

MONTH, DAY, YEAR

10/30/2004

MONTH, DAY, YEAR

12/14/2004

M

SB. COUNTY OF DEATH — OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE HECTOR IVAN SA CITY OF DEATH ENTER STATE OF INFORMANT SAN DIEGO SAN DIEGO HECTOR OUINOMEZ-FATHER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178. CALIF. LICENSE NUMBER 2702 HIGHLAND AVE. BERGE ROBERTS MORTUARY 607 MATIONAL CITY IF APPLICABLE SAN DIEGO, CA 92105 BLVD. NATIONAL CITY, CA 91950 8A SIGNATURE OF APPLICANT -- Person bison permit (8B. DATE SIGNED) FD-284 I hereby acknowledge so applicant that the proposed disposition stated herein is one of the dispositions author ACKNOWLEDGEMENT OF APPLICANT 12/16/2004 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code DIA AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED SC. SIGNATURE OF LOCAL PEGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-12/17/2004 2421216 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AUTHORIZATION OF \$13.00 MOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA C GRIER LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -WE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION RECLIRER A NEW VITAL RECORDS...PO BOX 85222 PERMIT TO SHOW FINAL SAN DIRGO. CA 92186-5222 DISPOSITION 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY E. TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTOMBMENT) I DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B CREMATION E-DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA THA NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE SURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CENETERY 3751 MARKER ST. BURIAL SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED : 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B, DATE OF 15C SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CREMATED REMAINS DIS-SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. DISPOSITION CHARGE OF DISPOSITION

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

IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE

POSER - IF APPLICABLE

AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

MT. HOPE CEMETERY

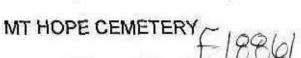
INTERMENT ORDER

REA-104 (3-04)

r NEED "	ny or San Diego	Date 12 17	inlou
Total Control of the	20-04 12:5		0 01
You are hereby authorized and instructed,			inter the remains
of TOGHAINESH ZE	rom 2	28418	7.00ccsiii.190cc.40.4989/A-0.37c3.5c.4
ina LINER	Funeral, date, t	time WEDS DE	C 22. 11:00
Type of Burial Container Church, Chapel, Graveside	- Y	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.			=======================================
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Division 12 Section 2	Blk/Row	_ Lot 216 Gr	eve (1
Grave space & Care Fund			785.00
Overtime/Late Arrival Fees	AIR		
Opening/Closing & Setup	AIU	·····	4130
Burial Container		**************************	209.00
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Flower vases - Marker setting fee	PE CEMET	ERY	50.00
Sales taxes			16.20
		Total Due	1833.20
Pa	id receipt number	MC	<u>1833.</u> 20
50		Balance d	ue _ &
I hereby certify I am the SON IN	Law	of the above	named decedent
and this is your authority to make disposithat I have the right to make this authoriza	tion and I agree to	above Indicated. I cer hold Mt. Hope Cemet	tify and represent ery harmless from
any liability on account of said authorization	n and interment.		2 2
hereby authorize the interment in lot I	70	TOMON P	DESIA
hold under deed.	- 1	1211 Del	Diable St
Signature C305	1 ~ 5	an dieno	Ca 92126
	Cally	158-672-	9022 com
n 110	Telephone	-392	
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A Printed on recycled paper

This information is available in alternative formats upon request.



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				67320		/

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1B. MIDDLE 1A. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3 DATE OF DEATH 4. SEX ZEROM TSEHAINESH 5A CITY OF DEATH 5B. COUNTY OF DEATH — OUTSIDE CALIF. 16. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE. SOLOHON DESTA- SON-IN-LAW SAN DIEGO POWAY 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: 7B. CALIF. LICENSE NUMBER ANDERSON—RAGSDALE MORTUARY; 5050 FEDERAL BLVD. — IF APPLICABLE 11211 DEL DIABLO ST. SAN DIEGO, CA 92129 SAN WIEGO, CA 92102 PD-1329 8A. SIGNATURE OF APPLICANT—Person taking person (8B. DATE SIGNED Thereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 of the Health and Sefety Code, and was authorized pursuant to Section 7100 of the Health and Sefety Code. ACKNOWLEDGEMENT OF APPLICANT 12/21/2004 **9A. AMOUNT OF FEE PAID** 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 12/21/2004 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-2421344 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **AUTHORIZATION OF** 13.00 V. DAVIS NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORN LOCAL REGISTRAR 9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ANY CHANGE IN DISPOSI-IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW VITAL RECORDS, P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO. CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING - REMAINS LOCATED A (Name and Address) B. CREMATION DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY. 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY; 3751 MARKET ST. BURIAL SAN DIEGO. CA 92102 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B, DATE CREMATED: 12C, SIGNATURE OF DERSON IN CHARGE OF CREMATION CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF SCATTERING/BURIAL CREMATED REMAINS DIS-SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION POSER -- IF APPLICABLE AT SEA OR IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE. DISPOSITION OTHER THAN IN A CEMETERY

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

MEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

12-20-04 14:29 PAID

Date 12/20/04

You are hereby authorized and instruct	led subject to your rules and regulations, to inter the	remains
Croke size 13/200/34	Garcia 228420	1:00
Type of Burst Container Church, Chapel, Graveside	"Furferal, date, time Wad 12/22/04	Mortuary.
	0 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigne	ATTACK CASES TO THE ATTACK THE ATTACKET WAS ART OF THE ATTACKET ATTACKET ATTACKET AT THE ATTACKET ATTACKET ATTACKET ATTACKET A	
Division Section	Blk/Row Lot 1163 Grave	\
Grave space & Care Fund	<u>1</u>	10_
Overtime/Late Arrival Fees	PAID ==	
Opening/Closing & Setup	PAID 1	38-
Burial Container	DEC 2 0 2001	
Handling Fees	DEC 2 0 2004	
Flower vases – Marker setting MOUI Recording/Filing/Transfer Fees	NT HOPE CEMETERY	22-
Sales taxes		
Lyhary	Total Due	70_
Moretuary	Paid receipt number 14583402	10
PAIS	Balance due	0
I hereby certify I am the	Anc DIRECTOR of the above named position of remains as above indicated. I certify and rization and I agree to hold Mt. Hope Cemetery harmation and interment.	decedent represent iless from
hereby authorize the interment in lot I	* JOSE CHAVEZ	
hold under deed.	12601 JMPERIAL	AVE
Signature	7 Spr 01860, CI	0 9210c
(K) Morrie	Telephone 6 19 5449:333	
- 18860	Invoice #	
Work Order # E 18862	Acct. #	- 62

MT HOPE CEMETERY [18862

GRAVE BLIND CHECK FORM

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

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Blind Check	Initiated By:	Mari	a	Date:	12/21/0
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Interment Da					
Div: 4	Sect:	Blk/Row:	Lo	nt: 1143	Gr:
Grave Laid o	ut by: <u>\or</u>	main f	Terq-	~~	
Agrees with I					
Agrees with I	Map: Ø Ye	es , C	J No		
Blind Check	& Verified	By Spin	176n	in Date	12-22-04
				/	1

A. NAME OF DECEDE	NT-FIRST (OIVEN)	1B. MIDDLE	1C LAST (FAMILY)			2. DATE OF BIRTH	3. DATE (OF DEATH	4. SEX
KAF	LA	LIZETH	GARCIA			12710/2004	1271		F
	DIEGO	IIA - FUNERAL DIRECTOR OR PERSON.	SAN DIEGO		PET	RELATIONSHIP, FULL FORMANT RA PALOMARES	-MOTHE	SR.	ZIP CODE
GUI		ORTUARY, 2601 IMPER	IAL AVE	APPLICABLE	SAN	9 ½ ESTRELLA DIEGO, CA, 92 VATURE OF APPUICANT	21098		SIGNED
ACKNOWLEDGEMENT OF	rom in term I hereby ack	nowledge as applicant that the proposed disposition stand Safety Code, and was authorized pursuant to Sa	sled herein is one of the dispositions	authorized by Section 103055	D 2	Sero (- 7	12/2	2/2004
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF I AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	\$13.00	JOSE CHI	AVEZ	BC SIGNATURE OF LOCAL 2421464	AL REGISTRA	P ISSUING PE	HMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VITAL REO	EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA ORDS, P.O. BOX 85222 CA, 92186-5222	IF)	DRESS OF REGISTRAR DISPOSITION IS TO OCCUP		CT OF DISPOSITION — ER DISTRICT IN CALIFORNIA			
B. CREMATION OF THAN IN A CEME D. SCIENTIFIC USE	11A. NAME AND AL	DDRESS OF CALIFORNIA CEMETER PE CEMETERY, 3751 M O, CA, 92102			D 11	C. SIGNATURE OF PER	SIT .	ARGE OF BU	RIAL
CREMATION		DDRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREM	ATED 12	C. SIGNATURE OF PER	RSON IN CH	ARGE OF CR	EMATION
3	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13	C. SIGNATURE OF PER	RSON IN CH	ARGE OF FA	CILITY
SCIENTIFIC					•				
		DDRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE	CONTRACTOR CONTRACTOR	14B. DATE SHIPP	ED 14	C ADDRESS AND SIGN OF PLACING WITH T			CHARGE

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

INTERMENT ORDER

Military honor AT NEED

REA-104 (3-04)

City of San Diego

12-21-04 15:44 DB 10/2/21/04

This information is available in alternative formats upon request.

You are hereby authorized and into	tructed, subject to	your rules and reg	ulations, to inte	the remains
or ROBERT	COLUDEA	ა	***************************************	
in a T.S. Vaul	Funera	al, date, time Mo		
Church, Chapel, Graveside	7	KAG	SUALE	Mortuary.
All Funeral cars must arrive before	3:00 p.m. of regu	lar work day or an	extra charge of	£
will be applied and billed to under	signed.		-	-
Division Section	BIK/Row	Lot	G4 Grave	٦
Grave space & Care Fund				985.00
Overtime/Late Arrival Fees				
Opening/Closing & Setup	20.1) 35 E COCO (MINOR COSC) 33.2			413.00
Burial Container	-2007-01-020-04-04-07-04-04-0-0			275.00
Handling Fees	CONTRACTOR OF THE PROPERTY OF	Charles Committee and Committe		204.00
Flower vases - Marker setting lee		עו		
				Dom
Recording/Filing/Transfer Fees		2004		21.3
Sales taxes				1948.31
IMC	Paid receipt	CEMETERY	MIC	948.31
	(1)		Balance due	0
I hereby certify I am the and this is your authority to make that I have the right to make this a any liability on account of said aut	uthorization and I	agree to hold Mt. H	ot the above field cated. I certify lope Cemetery	and represent
I hereby authorize the interment in	lot I	Franci	3 May	-tin
hold under deed.	+	9810 EV	elyn i	21.
Frances 71/av	un '	Morc	ed CA	. 9534
I hereby authorize the interment in hold under deed. Honores Mar	,	leale - 3	118-80	07 ²⁰⁰⁰⁰
for 1000	7 1	nvoice #		
Work Order # E 1886	•	Acct. #		
POTE STOCK TO A CONTROL OF THE POTE OF THE		1,000,000		1000 1000 1000

O Printed on recycled paper

GRAVE BLIND CHECK FORM

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

		Burt	Captan	.*)	elour	teall
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	- 82	-	1-1	- 5-1		1000
lind Che	ck Initiat	ed By:	aulette		Date:	12/22
lind Che nterment	ck Initiate space fo	ed By: _/ or:RO	Paulade bert B	oubd	Date:	12/22 27th
nterment	Date: 12	427/	aulade bert B 104 Tin	ne:	ron:	見つれ
iv: <u>U</u>	Date: <i>[2</i> _ Sect: _]	1/27/ 1 B	104 Tin	ne: _ <i>IV</i> Lot: _	164 C	Ø2 ^t ₹ Sr:_7
nterment Div: <u>U</u> Grave Lai	Date:/2 Sect: d out by	1/27/ 1/27/	Men P	ne: _ <i>IV</i> Lot: _	164 C	Ø2 ^t ₹ Sr:_7

Blind Check & Verified By;

LISE REACK INK ONLY MAKE NO ERASTIRES, WHITEOUTS OR OTHER ALTERATIONS

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	Š	EDWARD	BOLDEN		09/20/1958	12/15/2004	M
A. CITY OF DEATH SAN FR	ANCISCO	A2000 St #6594	68 COUNTY OF DEATH ENTER STATE SAN FRAM		IAME, RELATIONSHIP, FULL I OF INFORMANT FRANCES L. MAR	10.00	P CODE NOTHER
THOMPS	ON FUNERAL	IA—FUNERAL DIRECTOR OR PERS HOME LVD., OAKLAND, O	-	-1210	2870 EVELYN CT MERCED, CALIFO SIGNATURE OF APPLICANT—	RNIA 95348	E SIGNED
ACKNOWLEDGMENT OF A		acknowledge as applicant that the proposed 1976 of the Health and Solety Code, and was		dispositions authorized by	ENTRE Thef	Dec 19/1	21/200
PERMIT AUTHORIZATION OF , LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PROFORMA HEALTH AND SAFETY OF THE DISPOSITION SPECIFIED BIGHT OF CAUFURD BY CAUFURD OF CAUFURD	# 12,00	1-2 21 (DED BC. SIGNATURE OF CO	CAL REGISTRAR ISSUIN	IG PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	101 GROV		} •		DISTRICT OF DISPOSITION ANOTHER DISTRICT IN CALLED ST. SAN DIEGO		
O. AUTHORIZED DISP			1000		THE CONTRACTOR OF THE PROPERTY OF THE	ONER'S USE ONL	
B. CREMATION		IAINS OTHER	E. TEMPORARY ENVA	PRNJA	L DISPOSITION (Name and	PENDING-REMAINS Li Address)	ogated at
BURIAL	11A NAME AND A MT. HOI 3751 M SAN DI	DDRESS OF CALIFORNIA CEM PE CEMETERY ARKET STREET EGO, CALIFORNIA	92101	118. DATE BURIED	11C. SIGNATURE OF PER	RSON IN CHARGE OF B	URIAL
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREI	MATORY	128. DATE CREMATED	12Q SIGNATURE OF PE	SON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PER	ason in Charge of F	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPED	14C. ADDRESS AND SIG OF PLACING WITH		CHARGE
SCATTERING AT SEA OR		arest point on shoreline, of entify final place and ca <u>di</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO	SITION OF CREA	NUMBER MATED RE- DISPOSER

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

THAN IN A CEMETERY

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AND TITLE		5. RELATED CIVILIAN OCCUPATION AND D.O.T. HUMBER			ACTIVE	SERVICE IN	+ B)	go	11	09
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Yal See Reparks	LEAVE PAID	S15,000	BAGE 35,000	24. MSABILI	TY SEVER	ARCE PAY	25. PÉRSÓ G. TYPE	MEL SECU	BATE CO	MPLETER
See Remarks Then \$27	NONE DUE		erage] 95,000] Hore	26. MISABILI ON X	TY SEVER. TE	ARCE PAY	25. PERSO	MEL SECU	Contract of Contra	MPLETER
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ya) See Reperks	NONE DUE		erage] 95,000] Hore	26. MISABILI ON X	TY SEVER. TE	ARCE PAY	25. PÉRSÓ G. TYPE	MEL SECU	BATE CO	MPLETED
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INTERMENT ORDER

City 25 320 0000 14:51 PAID

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VI	th	Ws.
1	00	

Date 12/20 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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. Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container Handling Fees. Flower vases - Marker settin DEC 2 0 2004 Recording/Filing/Transfer Fees..... Sales taxes MOUNT HOPE CEMETERY 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 hold under deed. Invoice # 18864

AT NEED

MT, HOPE CEMETERY

INTERMENT ORDER

City of San Diego

1		
12-21-04	09:46 PAID Date	
17 6 04	Date	

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eduardo Rodriguez 228386
in a DD CRYOT A Funeral, date, time thue, 12/23/04 11:4 Church, Chapel, Grayeside : Preferred Monuar
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$
Division
PAIII
Overtime/Late Arrival Fees
Opening/Closing & Setup
Burial Container
Handling Fees. MOUNT HOPE CEMETER?
Flower vases - Marker setting fee
Recording/Filling/Transfer Fees.
Sales taxes
Total Due
Paid receipt number
Great + CAREO
I hereby certify I am the
I hereby authorize the interment in lot I hold under deed.
marie Telephone FDY S19 Zer Cox
Work Order # E 18865 Invoice #
REA-104 (3-04) This information is available in alternative formats upon reques

O Printed on recycled paper



GRAVE BLIND CHECK FORM

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

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Derg	EURY	X	Revilo		Robert
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	MOVA	Emily	X	Kerne	-2	Kolserist
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•			37230			
Blind Cl	neck Initiat	ed By: M	aria		Date:	2/21/04
Interme	nt space fo	or: Edu	aedo	Roda	ique	2/21/04
Interme	nt Date: [2/23/0	4	Гime;	1:00	
		A BIK	200		93	3r: 7
Grave L	aid out by	:glormo		1	_	
1000	September 1	Card: ØY		⊃ ho	1,00	<i>(</i>
Agrees	with Map:	Ø Yes	, 0 !	No 1	1-100)
Blind C	heck & Ve	rified By:	and	Horiza	Date	12-22-04

NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDOLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEATH	
Eduardo		E	Rodriguez			06/02/1939	12720/2004	* *
Chula Vi			58. COUNTY OF DEA' ENTER STATE San Diego		Mert	RELATIONSHIP FULL FORMANT ha E. Rodrig	MAILING ADDRESS	
referred C	poress of californ remation and on Blyd. S CALIFORNIA		—IF	PLICENSE NUMBER APPLICABLE	Chul	Palomar St., a Vista, Ca. NATURE OF APPLICANT	91911	ITE SIGNED
ACKNOWLEDGEMENT OF		owinage as applicant that the proposed disposition st and Safety Code, and was authorized pursuant to Se			> /	lask!	- 12/	20/200
PERMIT AUTHORIZATION OF	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT.	8A. AMOUNT OF FEE PAID	15/22/20	MA	9C. SIGNATURE OF LOCA	AL REGISTRAR ISSUING	PERMIT
OCAL REGISTRAR		D RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	MARK Jeni RESS OF REGISTRAR		▶2421487		
Y CHANGE IN DISPOSI- ON REQUIRES A NEW PMIT TO SHOW FINAL DISPOSITION	P.O. BOX 8	EGISTRAR OF DISTRICT OF DEATH EDINCALIFORNIA California 92186—	IFD			ER DISTRICT IN CALIFORNIA		
AUTHORIZED DISPOS	SITION(S) CHECK APPLIC	ABLE ITEMS				FOR C	ORONOR'S USE ONL	Y
A. BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS	DTHER C	E. TEMPORARY ENVAUL F. DISINTERMENT G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSIDE	IA		I. DISPOSITION P (Name and Address	ENDING — REMAINS LO	CATEDA
BURIAL	Mt. Hope Co	ORESS OF CALIFORNIA CEMETER Street California 92102	Ϋ́	Mana	0 11	C. SIGNATURE OF PER	SON IN CHARGE OF	BURIAL
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMATI	ORY.	128. DAY CHEM	ATED 12	C. SIGNATURE OF PER	SON IN CHARGE OF	CREMATION
SCIENTIFIC USE	13A. NAME AND AD	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13	IC SIGNATURE OF PER	ISON IN CHARGE OF	FACILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 14	C. ADDRESS AND SIGN OF PLACING WITH T		IN CHARGE
SCATTERING/BURIAL AT SEA OR	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAID EAL ONLY ENTER LATITUDE AND LI	DISTRICT OF DISPOSITIO	15B. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS	SITION CREMATE	ISE NUMBER OF DIREMAINS DIS- IF APPLICABLE

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

THAN IN A CEMETERY

Need Teus INTER	MENT ORDER	
Lot 8 12-15-04 10	ity of San Diego : 49 PAID Date 12/10	104
of FOR Eduardo 4	U	
in a DO CRUPT Type of Burst Constitute Church, Chapel, Graveside	Funeral, date, time	Mortuary.
All Funeral cars must arrive before 3:00 p.r.	m. of regular work day or an extra charge of	s
will be applied and billed to undersigned.		
Division 12 Section 2	Blk/RowLot <u>93</u> Grave	_7_
Grave space & Care Fund		1310
Overtime/Late Arrival Fees		
Opening/Closing & Setup	DAID	549
Buriel Container		556
Handling Fees	DEC 1 5 2004	468
Flower vases - Marker setting fee		+
Recording/Filing/Transfer Fees	- HODE CEMETERY	66
Sales taxes	NT HOPE CEMETER	430
paid c	Total Due	2992,0
0	d receipt number	19920
	Balance due	2000
I hereby carlify I am the Lastinand this is your authority to make dispositional I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I certify ion and I agree to hold Mt. Hope Cemetery	The state of the s
I hereby authorize the interment in lot I hold under deed.	Martha Rodri	
Styrahes	L Chula Vista	¥ /50
(NR) maria	Toolson 425078	74
F 18846	Invoice #	
Wat 0-10040	Anat #	

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recorded pages.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/21/04

of Baby Boby	ed, subject to your rules and regulations, to inter the remains
ina _ C	Funeral, date, time
Type of Busin Sentainer Church, Chapet, Graveside	: atslan 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 undersigne	d
Division _ File_ Section	Blk/Row Lot (009 Grave 1
Grave space & Care Fund	110
Overtime/Late Arrival Fees	111
Opening/Closing & Setup	138-
Burial Container	me of 61
landling Fees	came port 61-
lower vases – Marker setten fee	
lower vases – Marker setting fee Recording/Filing/Transfer Fees	, 6 50-
Sales taxes	9.73
1212	Total Due
	Paid receipt number & 58344 429
	Balance due
hereby certify I am the Somand this is your authority to make dispond I have the right to make this authorizany liability on account of said authorizany.	
hereby authorize the interment in lot I nold under deed.	ISMAEL SANTANA
Signature	NATIONAL CITY CA.
) maria	Chy 619 3369516 Ze Cook
- 100//	Invoice #
Nork Order # E 18866	Acct. #
REA-104 (3-04) This	information is available in alternative formats upon request

O Printed on recycled paper

INTERMENT ORDER

000000	4	City of San Diego	12101101
AT NEED	12-27	-04 08:30 PAID Date	19/21/04
You are hereby au	uthorized and inst	ructed, subject to your rules and regu	lations, to inter the remains
of MAG	RKCITO	SAYAPI CONL	EY 228425
ina(mer	Funeral, date, time TU	ed Dec 28 III
Church Chapel	Paverage	Feath	VERINAIL Mortuary
	The state of the s	3:00 p.m. of regular work day or an e	J 34
will be applied and			100 17 18 10 10 10 10 10 10 10 10 10 10 10 10 10
Division_1A	Section	2 Blk/Row Lot 19	50 Grave 11
Grave space & Ca	are Fund	11100 CHANCOND.50.1	98500
Overtime/Late Arri		BAID	
Opening/Closing &			413.00
Rurial Container	i Oolup	DEC 2 7 2004	209.00
Handling Fees			160.00
Flower vacac _ M	arker setting t AA	OUNT HOPE CEMETER	1
Recording/Filing/T		JOH 11-2	50,00
Sales taxes			16.20
Cales taxes		Total Due	183320
		Pald receipt number Rus 583	51 1833.20
		Paid receipt number 134 3.13	Balance due
I hereby certify I a	" x Do-	rund	
and this is your at that I have the rigit	uthority to make ht to make this au	disposition of remains as above indication and I agree to hold Mt. Ho orization and interment.	f the above named decedent sated. I certify and represent ope Cemetery harmless from
I hereby authorize		0.0.0	weey
hold under deed.	11	~9906 MIS	SION VEGARDA
Signature	cog	- Address L.C.	ACROTI
Poulit	the state of the s	City	-5555 Zp 0006
Your	400	Invoice #	
Work Order # E	18867	Acct. #	
REA-104 (3-04)	7	This information is available in altern	ative formats upon request
	100	WINDOWS OF BRIDING	

O Printed on recycled paper

E18867

GRAVE BLIND CHECK FORM

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

	1	7	1.7
	Peres	-4	<u> </u>
X	4	2/	-
			4
	X		Rear V

Ø .							
			100	-	-	-	
Blind Check	k Initiated	i By:	Raules	 H&	- 1/4	Date:	12(27
Interment s	pace for:	Mar	Kcito	Say	api	Conly	
Interment D	- HOOK	1-87-700		75			72
Div:12							Gr
Grave Laid	out by:_	KEI	KKI	DARRI	EYL	-	
Agrees with	n Legal C	ard: 🔊	Yes	O No	0		12
Agrees with						PD	

Blind Check & Verified By: Date: 12-2

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

1,4	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C LAST FAM	ILY)	1120010 0110	T	2. DATE OF BIRTH	3. DATE	OF DEATH	4. SEX
ľ	Markeito		Sayapi	Conle				MONTH, DAY, YEAR 09/10/9975		DAY, YEAR 9/2004	M
5/	CITY OF DEATH			5B. COUNTY C	F DEATH	- OUTSIDE CALIF.,		RELATIONSHIP, FULL			1,440
	La Mesa			ENTER STA	San	Diego		da F. Conley	w (Mot	harl	
7/			A - FUNERAL DIRECTOR OR PER		7B. CALIF.			O Arnold Way		mer,	
			ry: 6322 El Caj	on Blvd.	를 걸칠						
3.	San Diego	, CA 92135			PD-	-1083	BA. SIGNA	ATURE OF APPLICANT	Person taking p	BB, DATE	SIGNED
	ACKNOWLEDGEMENT OF	APPLICANT I hereby action of the Health in	owindge as applicant that the proposed disposed and Safety Code, and was authorized pursuen	ultion stated herein is one of the di nt to Section 7100 of the Health or	spositions aut of Safety Code	nortoed by Section 103055	▶ Yn	Domes		12/2	3/2004
2	PERMIT		ACCORDANCE WITH PROVISIONS O	LIOD:	EE PAID	9B. DATE PERMIT	ADS COURSE	9C SIGNATURE OF LOCA 2421469	AL REGISTR	AR ISSUING PE	RMIT
	AUDI-ORIZATION OF	ITY FOR THE DISPOSITION	SPECIFIED IN THIS PERMIT.	13.00		12/22/20	04	-4-1403			800
	LOCAL REGISTRAR		RIGHT OF DISPOSAL OUTSIDE OF CALLE	7000	or appo	M. Doming		T OF DISPOSITION			
	NY CHANGE IN DISPOSI-	9D. ADDRESS OF HE IF DEATH OCCURR	GISTRAR OF DISTRICT OF DI ED IN CALIFORNIA	EATH -				R DISTRICT IN CALIFORNIA			
	TION REQUIRES A NEW EQUIT TO SHOW FINAL	P.O. Box									
_	DISPOSITION	AND THE RESIDENCE OF THE PARTY	, CA 92186-5222	2							
10	. AUTHORIZED DISPO	SITION(S) CHECK APPLICA	ABLE ITEMS					FOR C	ORONOR'S	S USE ONLY	_
į	A BURIAL (INCLUDE	S ENTOMBMENT)		E. TEMPORARY	ENVAULTIV	ENT		1. DISPOSITION P		REMAINS LOCA	TED AT
Į	B. CREMATION			F. DISINTÈRMEN	Ţ			(reame and reduces	98);		
1	D. SCIENTIFIC USE		THEA	G. SHIP IN TO CA		F CALIFORNIA		-e-			
-		111A, NAME AND AD	DRESS OF CALIFORNIA CEM	ETERY		118. DATE BURIEL	1 110	SIGNATURE OF PER	SON IN C	HARGE OF BU	IRIAL
	BURIAL	Mt. Hope (San Diego	Cemetery: 3751 1 CA 92102	Market St.		,,					4
er.		the second secon	DRESS OF CALIFORNIA CRE	MATORY	_	emokre-ofen	ADED: 120	MANATURE OF PER	DOM: N.C.	HARGE OF S	EMATION
LE MEMS	CREMATION				1	ZJQJ 04		11, Janol	em	acti	K
CAB		13A NAME AND AD	DRESS OF CALIFORNIA FACI	LITY RECEIVING REM	AINS	13B. DATE RECEN	VED 130	C. SIGNATURE OF PER	SON IN C	HARGE OF FA	CILITY
LL APPLI	SCIENTIFIC USE				34000			, 33 11 12 12 31 (12)	1001111101		•
A		14A. NAME AND AD	DRESS IN RECEIVING STATE	OR COUNTRY WHER	E	14B. DATE SHIPPE	D 140	C. ADDRESS AND SIGN	NATURE OF	F PERSON IN	CHARGE
COMPLET	TRANSIT	REMAINS OR	CREMATED REMAINS ARE TO	BE SHIPPED				OF PLACING WITH T	COURT OF STREET	The second second second second	*
	52-2002-02-00-00-00-00-00-00-00-00-00-00-		AREST POINT ON SHORELINE			15B. DATE OF		SIGNATURE OF PER		15D. LICENSE	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	IF BURIAL AT S	DIDENTIFY FINAL PLACE AND EA, <u>ONLY</u> ENTER LATITUDE AI		OSMION.	DISPOSITION	•	CHARGE OF DISPOS	SITION	CREMATED RI POSER — IF A	

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



INTERMENT ORDER

City of San Diego

Date /2/21/04

You are hereby authorized and instructe	d, subject to your		gulations, to inte	er the remains
12000		116		10.00
in a Stepe of Burial Container, 1		ON THE STATE OF TH	29/04	10:0
Church, Chapel Graveside HOLY	CROSS	-: (500	abodu	Mortual
All Funeral cars must arrive before 3:00	p.m. of regular we	ork day or an	extra charge of	s`
will be applied and billed to undersigned.	-			-
Division 10 Section	_ Blk/Row	Lot_	674Grave	_1_
Grave space & Care Fund		400	uta kasamanan	0
Overtime/Late Arrival Fees		Lane and the same		
man him and managed the street defined as the street	LHIN	***************************************		540
Opening/Closing & Setup		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to otto more mentore.	278
Burial ContainerD	EC 2 1 2004	······		210
Handling Fees	·····			215
Flower vases - Marker settiMOUNT.	HOPE CEN	IETERY.		25
Carried and the second			660	
Sales taxes				21
9445		T.4.15		1163
28	entra estas	Total Du		1153
	Paid receipt numb	per SW 5	8247	1100
20	y .		Balance due	-6
I hereby certify I am the Culcul	Dealor	re	of the above no	med decede
and this is your authority to make disport that I have the right to make this authorize	sition of remain	as above inc	licated. I certify	and represe
any liability on account of said authorizat	ion and interment	10 11010 Mt. 1	rope cemetery	Hamilians in
Particle Science Control of the Control of Control		, , , , , ,	2	
I hereby authorize the interment in lot I hold under deed.	Prihi Nai	ma	BEAUL	DYK
	~3.	215 5.1	DRAKAD	A AV
Signature	XSE	au Vac	ing CA	9197
(NID) SMALL	~6	19-46	5-552	6 200
1 WULL	Telephor	10	2-34200-0000	100
40000	Invoic	e i		
Wat 24 F 18868	\$150.00			
Work Order # L	Acci.	-		
REA-104 (3-04) This in	formation is avail	llable in alter	native formats	unon real

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GRAVE BLIND CHECK FORM

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

						=40
					d	
	61240	ALFRAN	X	6.chm		
	30					*
Intermer Intermer	nt space fo	al 29	Paul Le B Williams	eaul Time:_	to: a: 1674	
Grave L	aid out by	dom	man 7	ey		
Agrees	with Legal	Card: Ø	Yes	□ No [₹]		
Agrees	with Map:	Ø Yes		No	Mas	∜
Blind Ch	neck & Ve	rified By:	Nand	Mil	Date	e:/2-27-0

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 1272072004 6277374455 GRACE MILLER 5A. CITY OF DEATH 5B. COUNTY OF DEATH — OUTSIDE CALIF. 16. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SAN DIRGO OF INFORMANT LA MESA ALFRED BEAULOYE-SON 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 3215 SO. GRANADA AVE. IF APPLICABLE GOODBODY MORTUARY, 5027 EL CAJON BLVD. SPRING VALLEY, CA. 91977 SAN DIEGO CA 92115 FD 790 BA. SIGNATURE OF APPLICANT-Person swing permi (BB. DATE SIGNED) I hereby admostedge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 ACKNOWLEDGEMENT OF APPLICANT 12/22/2004 of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code. SA, AMOUNT OF FEE PAID 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 12/22/2004 2421527 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. \$13.00 JONES **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW PO BOX 85222 PERMIT TO SHOW FINAL SAN DIEGO CA 92186-5222 DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORARY ENVAULTMENT X A. BURIAL (INCLUDES ENTOMBMENT) I. DISPOSITION PENDING -- REMAINS LOCATED A (Reenbow bins short) F DISINTERMENT B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE D. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE N IN CHARGE OF BURIAL BURIAL MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B, DATE CREMATED 122. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B, DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B. DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER OF CREMATED REMAINS DIS-SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

INTERMENT ORDER

cD.	경기 있다면 하지만 하고 있는데 화가를 하고 있다.	
T DEED	City of San Diego	100 July 1
1	12-22-04 12:0 Pate A/B2	-22-04
RobiN		
	cled, subject to your rules and regulations, to	
of Mir Kenneth D		
in a Liner	Funeral, date, time Mon. Deg	
Church Chapel, Graveside	CA BUCH	Mortuary.
All Funeral cars must arrive before 3	:00 p.m. of regular work day or an extra charg	e of \$
will be applied and billed to undersign	ned.	
Division 1 Section 1	Blk/Row Lot G	rave_/
Grave space & Care Fund	D-6002	
Overtime/Late Arrival Fees	PAID	
Opening/Closing & Setup		413.0
Burial Container	DEC-2-2-2004	209.0
Handling Fees		160.00
Flower vases - Marker setting MO	UNT HOPE CEMETERY	
		50.00
Sales taxes		16.20
and the second	Total Due	848.2
pay	O Comil	SUC S
NOT 2 POUT	t are resurpt riarrical	~
TOWER	Affect For Hanks	lue
I hereby certify I am the	of the above	e named decedent
and this is your authority to make di- that I have the right to make this auth- any liability on account of said author	sposition of ramains as above indicated. I ce orization and I agree to hold Mt. Hope Cemel ization and interment.	rilly and represent tery harmless from
I hereby authorize the interment in lo	Print Name	
hold under deed.	Print Name	. 1
17 Tr	Address	ches
o.p.a.u	CHY	Zip Code
a ute	Telephorie Q e l	W. Ci
faulette	0	
Work Order # E 18869	Invoice #	
Work Order # L	Acct. #	

REA-104 (3-04)

This information is available in alternative formats upon request.

E-18869

GRAVE BLIND CHECK FORM

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

04-1						(F)
	- 100b	OPP				
Andrew.	Ardrews	Swepsto	* Fairley	Leonard	1	
Blind Ch	eck Initiat	ed By:	Collette	<u> </u>	Date:	12/23
	¥	Din	mall [Junn		1-0
	January Company Company	III III III III III III III III III II			II'm	Church
Div: 11	t Date: <u>M</u> Sect:_	ON ∂7 	//- lk/Row:_	Γime: Lot:	Residence	Church Gr. 1
Intermen Dív: 11 Grave La	t Date: <u>M</u> Sect: aid out by:	ON ∂7 	IK/Row:_	Γime: Lot:	Residence	

			USE BLACK INK ONLY MA	KE NO ERASURES, W	HITEOUTS OR OT	THER ALTERATIONS	
1A	NAME OF DECEDER	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR
	CALIFORNIA	CERNATION	A-FUNERAL DIRECTOR OR PERSON 5 ENDLIAL CRAPEL SAM DIEGO, CA 921	5B. COUNTY OF DEATH ENTER STATE ACTING AS SUCH 7B. CALIF — IF A		OF INFORMANT CLASSIE DUMS-WI 1909 E. 16TH ST HATIONAL CITY	REET .
	ACKNOWLEDGEMENT OF A		wiedge as applicant that the proposed disposition at and Saltaty Code, and was authorized pursuant to Se			· Wistoria M.	Thell 12/23/2004
	" I THE PROPERTY OF	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA	9A AMOUNT OF FEE PAID	98. DATE PERMIT 12/23/20 V. HITCH	04	L REGISTRAR ISSUING PERMIT
N	NY CHANGE IN DISPOSI-	IF DEATH OCCURR	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA DS-P.O. DGX 85222 CA 92186-5222	IF DIS		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	
	A. BURIAL (INCLUDES B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS O	THER	E. TEMPORARY ENVAULTI F. DISINTERMENT G. SHIP IN TO CALIFORNI D. TRANSIT TO OUTSIDE (I. DISPOSITION PE	ENDING — REMAINS LOCATED A
0	BURIAL	Mr. HOPE	DRESS OF CALIFORNIA CEMETER CIDENTIAN 3751 MAR CALIFORNIA 9210	KET ST.	118. DATE BURIED	11C SIGNATURE OF PRO	Duum
BLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMA	ATÉD: 12C. SIGNATURE OF PER	SON IN CHARGE OF CREMATION
IL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	/ED 13C. SIGNATURE OF PER	ISON IN CHARGE OF FACILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B, DATE SHIPPE	D 14C, ADDRESS AND SIGN OF PLACING WITH T	NATURE OF PERSON IN CHARGE , HE CARRIER .
30	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAI EA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	

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

6196595070

POWER OF ATTORNEY

F18869

NEWELL G. & DORG		-
The undersigned (jointly and severally if more to FREDRIC E. ZARSE, a licensed and bonded attorney for him and his name, place and stead a matters pertaining to the sale, disposal, use, or to parcel of cemetery property described as follows MOUNT HOPE	han one), hereby makes, constitutes and appoints cametery broker in the State of California, his true and law and for his use and benefit to perform and sign in his place to give burial rights to any other party or parties to that cert is:	in ail
Division 11 LOT 66	Section 1 GRAVES 1+2	_
and thing whatsoever requisite, necessary, or ap	propriete to be done in and about the premises as fully to a lly present, hereby ratifying all that his said attorney shall he.	il intenu
Wherever the context so requires, the mesculine includes the plural.	gender includes the feminine and/or neuter, and the singula	r
Signature,	Signature	- Cu
ALL PURPOSE AC	CKNOWLEDGEMENT	
state of California County of	Santa Bachara	
on August 2 acd 18 2004 bet	fore me, the undersigned, a Notary Public in and for said St	ate
ersonally appeared. NEWELL E Eve	ors, Dorothy L Evans	_
ame is the subscribed to the within instrumen	basis of satisfactory evidence), to be the person(s) whose at and acknowledged to me that he/she(they executed the sa by his/her-heir signature(s) on the instrument the person(sexecuted the instrument.	
VITNESS my hand and official seal	CHARLES J. BROC COMM. #1350858 NOTARY PUBLIC-CALIFOR EAN LUIS DEISPO COUN- My Corryn. Expires April 11.	K SMO
Notary Public Menature		
OPTIONAL IN	OF ORMATION	
TILE OR TYPE OF DOCUMENTPower (DATE OF DOCUMENTPOWER (SOURCE) OTHER THAN NAMED ABOVE	Of Attorney NUMBER OF PAGES	

INTERMENT ORDER	
Date 12-	22-04
GELA ROBERTO CAMP	05
You are hereby authorized and instructed, subject to your rules and regulations, to	o inter the remains
0.0.	STATE OF THE PARTY.
Type of Burist Container Funeral, date, time	1000
Church, Chapel, Graveside;;	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra char	ge of \$
will be applied and billed to undersigned.	
Division 5 Section 2 Blk/Row Lot 6	Grave \$2 pc
Grave space & Care Fund	1755.00
Overtime/Late Arrival Fees FAID	
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	2603.20
Paid receipt number R - 585 45	2603.80
Balance	due A
D . 10 M	100-300 Table 10
I hereby certify I am the Tower of All Dency of the abo and this is your authority to make disposition of remains as above indicated. I c	ertify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cem- any liability on account of said authorization and interment.	atery harmless from
0. 1.1000	200793
hereby authorize the interment in lot I find Name hold under deed.	npas NE
Our A. Contri Mount	7406
Some Pamilia San Diego, Ch	92.104 Zlo Code
619 691-0955 619-336-121	19
Thease Control: Daisy a	7619-6418955
= 18870 Invoice #	***
Work Order # Acct. #	

AT NEED INT gour

MT. HOPE CEMETERY

INTERMENT.ORDER

City of San Diego

Date 12/22/04

or Debra Davis	ALL PRODUCTION - STREET - THE PRODUCTION OF THE	700	28449
ina D.D. Crupt B"	Funeral, date, time _	Thurs Dea	30 101
Type of Burial Container (Church, Chapel, Graveside	20- odo- /	Bayyew	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day o	r an extra charge o	iça_
will be applied and billed to undersigned			
Division 13 Section B	k/RowL	ot <u>19</u> Grav	ab
Grave space & Care Fund			131.00
Overtime/Late Arrival Fees	FEB 22 200	5	
Opening/Closing & Setup	EEB 27 CM	-cey	454.00
Opening/Closing & Setup		EMETER	132.00
Handling Fees	WT HOPE		¥
Flower vases – Marker setting fee	2011.		700
Recording/Filing/Transfer Fees			<u>44.00</u>
P.A. EUR Parlard Albanders Paid	q		10.23
as larg the	Tota	ıl Due	7762
A. Elle Jan Lay Paid	receipt number	AK#	7762
hill a brown fire a	Paraby	Balance due	20_
			amed decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n and I agree to hold	e Indicated, I certify Mt. Hope Cemetery	and represent harmless from
I hereby authorize the interment in lot I	200000000000000000000000000000000000000		1
hold under deed.	Print Name	turk	10
Signature	Address	gratural	
	Cay D	00	Zip Code
Pauletta	Telephone		
Pauletta	Invoice #	419727	
Work Order # E 18871	Acct #	000952	

5

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

1A	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH		SEX
1	DEBRA		JEAN	DAVIS		117724711953	11/17/2004	F
74	BAYVIEW CRI		A-FUNERAL DIRECTOR OR PERSON L, 7510 CLAIREMON , CA 92111	ENTER STATE SAN ACTING AS SUCH: 78. CALIF.	DIEGO UCENSE NUMBER PLICABLE	6. NAME, RELATIONSHIP, FULL OF INFORMANT ELLEN BRAUPARLAN 5201 - A RUPFIN RI SAN DIEGO, CA 92 BA. SIGNATURE OF APPLICANT	MAILÍNG ADDRESS AND ZIF T - PUBLIC GUAI 2123	RDIAN
	ACKNOWLEDGEMENT OF A	UPPLICANT I hereby action of the Health :	owiedge as applicant that the proposed disposition a and Salety Code, and was authorized pursuant to S	stated herein is one of the dispositions auth action 7100 of the Health and Salety Code	orized by Section 103065	> Work W	= 12/30/	200f
	renami	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	I ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS PECIFIED IN THIS PERMIT PIRINT OF DISPOSAL OUTSIDE OF CALIFORNIA	A cassing measure	98 DATE PERMIT 12/30/200 R.MARTI		AL REGISTRAR ISSUING PERMIT	7
		VITAL RECO	GISTRAR OF DISTRICT OF DEATH EDIN CALIFORNIA BOX 8522 CA 92186-5222	(E) - 17-1 (E) - 17-17-17-17-17-17-17-17-17-17-17-17-17-1		OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CALIFORNIA		
	A. BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	CREMATED REMAINS O	DRESS OF CALIFORNIA CEMETE EMETERY, 3751 MAR	E TEMPORARY ENVAULTM F DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE OF RY KET ST.		Name and Address	PENDING — REMAINS LOCATED. RSON IN CHARGE OF BURIA	
LE ITEMS	CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA CREMAT	ORY	10-100000000000000000000000000000000000	NTED 12C. SIGNATURE OF PE	BEON IN CHARGE OF CREM	IATION
UL APPLICAB	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	VED 19C. SIGNATURE OF PE	RSON IN CHARGE OF FACILI	ITY
SOMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CHA THE CARRIER	ARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CA EA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITION.	158, DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO		UNS DIS-

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

NO.370

Ø 001 D01

AT NEED

City of San Diego

Date 12/22/04

Llare No.	mul fules and regulations, to inter the	
ou are hereby authorized and instructed, subject to	£ 2005070S	
1)0014		
1 2 105. 1 1 (4)	Bay were Monurary	
Type of Stotal Coros year 19	marisa	
Church, Chapel, Greveside Church, Chapel, Greveside All Funeral cars must prive before 3:00 p.m. of regu	Nor work day or an extra snarge of	
All Funeral cars must errive below out		
will be applied and blied to undersigned.		Ž.
EK/Row	Lot 19 Grave	370
Division 15 Section	management Las	27
Grave space & Care Fund Grave space & Care Fund Overtime Aste Arrival Fees	454.00	
Overtime/Late Arrival Fees	132.00	33
Closing & Solup	11	
Burdal Containor	Acceptance of the second secon	
Handling Fags	40 0	
Flower vases — Marker setting fee Recording/Filing/Transfer Fees Bales taxes Peld re I hereby centry I am the I want authorization	10.23	
According/Filing/Transfer Fees	7762337/160	0
Bales laxes	Total Due	lk.
יאנה ושוזיי כה	les mumbes	-02
Peld Te	Balanco due	
Oh. oranges	of the shows damed decedent	
and I am the	of remains as above interpret is and represent and a spread to hold Mt. Hope Compatery harmies a figure and interment.	
and this is your authority to make this suthorization	and I agree to nate and I have and Interment.	
and this is your authority and this authorization that I have the right to make this authorization a any flability on account of said authorization a	Ellas Praypar land	
the interment in lot	A Ruthn Rd	
AND WORK OF THE THE PARTY OF TH	CA 92127	
ANNO WY	San May 300	
	(858).614	
	Temphone	
Parlette 12271	Inveloe #	
- 18871	Acct. #	
Work Order # E 18871	Acct. #	
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1) PUBI	JNTY OF SAN DIEGO LIC ADMINISTRATOR		2) 520	1 RUF	FIN ROAD A		
CII	: SAN DIEGO	ST: CA	Z1P: 92	2123	COUNTR	I:	
DEPT: 072	2 CONTAC : E-18871 DA	: PAULETTE	CRAWFORD		PHONE: 6	19 52	7 3401
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TREAS-REI	F: Y ENCLOSURES M CODE: _ STD	Y PD COVI	ERED: _	EXCEP	r CODE: _	ACCRU	JAL CODE:
TIME PAY	M CODE: _ STD	DESC CODE:	II	VOICE	TOTAL:		776.23
	DESCRIPT	ON OF CHARGI	3	MINERALISM	AMOUNT		
	LOT 19 GRAVE	2B DIVISION	N 13		131.0	0	
₹.	OPENING/CLOS	ING			454.0	0	
	BURIAL CONTA	NER			132.0	0	
(#I)	RECORDING FE	3			49.0	0	
3.50	DEBRA DAVIS LOT 19 GRAVE OPENING/CLOS BURIAL CONTA RECORDING FE SALES TAX				10.2	3	
		TOTAL	DUE		776.2	3	
LATE CHAP	RGE #1 - DAYS DUE	AMOUN'			AND/OR	PCT	CODE:
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THE INVO	CE HAS BEEN ADDE	HTT DAT AN	ID ADD THE	ACCOL	INTING DATA	Ban	

"y" means this invoice will be pent to kin Ward. She will call you & home all documents to pury sent to "Flo" in auditors.

ACF	R02U				INVOICE	DATA	ENTRY	C 17	387/ PG 2
7.5	ACT	ION	BY	ACCO	UNT	INV	OICE		INVOICE TOTAL
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ADD	COMPLE	TE HIT	PA1 FC	DR A NEW	REQUEST				

ATED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 12-27-04 12:06 PAID

Date 12/23/04

			200 114	
You are hereby authorize	d and instructed, subj	ect to your rules and	regulations, to in	ter the remains
of KA	LEHAU	nes	228436	
DOCEUPIX		uneral, date, time L	Ved . 12/20	1/04 11:00
Church, Chapel Gravesic	le	:_0	A. BURI	a Mortuary.
All Funeral cars must arriv	ve before 3:00 p.m. of	regular work day or	an extra charge	of \$
will be applied and billed	to undersigned.			
Division 10 Sec	ction Rik/	Row Lo	1652 Gra	
Grave space & Care Fund	1			1095.
Overtime/Late Arrival Fee	š	PAIR		
COGRIDO/CIOSIDO & SALUD	***************************************		<i>4</i>	413
Burial Container		DEC 2 7 >n	NE	418
DERMING FEMALE				352
Flower vases - Marker se Recording/Filing/Transfer	WOMeet gnith	NT HOPE CE	MFTEDV	50-
Recording/Filing/Transfer	Fees			32 40
Sales taxes		······	******************	22/70
4 0014			Due	2360.4
mortuary	Paid re-	ceipt number 🚜 🤇	58352	2360.41
-	11	/	Balance due	0
I hereby certify I am the and this is your authority that I have the right to ma any liability on account of	to make disposition of ke this authorization a	and I agree to hold N	indicated, I certif	named decedent fy and represent y harmless from
Hereby authorize the inte	ment in lot I	x JAMES	LHAY	nes
hold under deed.		- 107/ /	BEUERLY	154
Signature	*******	254~0	Ego CA	9214
mar	ia	Telephone	647417	2 Zp Code
_ 10	872	Invoice #		
Work Order # E 10	072	Acct. #		
REA-104 (3-04)	This informat	tion is available in a	Itemative format	s upon request.

C Present on respeled paper

GRAVE BLIND CHECK FORM

		Vaener	1		
	KAHOS	Х			
		Evans			
	- 3				
			lmoi	11 '0	-
Today's Date	Mae KEN	K/Row:	Loi	:1652	_Gr:_
Interment Date: 17 Div: 10 Sect: Flag placed by:	Mar Mar KEN	K/Row:	_ Lot	1652	_Gr:_

E18872

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	INITEGOTO CITO	2. DATE OF BIRTH 3. DAT	E OF DEATH 4. SEX	
	KAYEE	= = = = = =	D.	HAYNES		MONTH, DAY, YEAR MONTH, DAY, YEAR 09/02/1951 fd12/19/2004		
	CALIFORN	DORESS OF CALIFORNI LA CREMATIO	IA-FUNERAL DIRECTOR OR PERS	ENTER STATE SAN DIE ON ACTING AS SLICH 7B. CALI — IF A	GO LUCENSE NUMBER PPLICABLE	6. NAME, RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE HAYNES—HUSBAND	
Œ.	5880 EL 1	KAJON BLVD.	SAN DIEGO CA 9	,		8A. SIGNATURE OF APPLICANT—Person taken		
_	ACKNOWLEDGEMENT OF A		and Salety Code, and was authorized pursuent to	o Section 7100 of the Health and Salety Co	Si .	> yeartown to		
	renait	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHO N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	OR-	98. DATE PERMIT	04	THAR ISSUING PERMIT	
*		VITAL REC	EGISTRAR OF DISTRICT OF DEA RED IN CALIFORNIA BRDS P.O. BOX 85 CA 12186-5222	(F Di		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA		
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS (TERY	OTHER DDRESS OF CALIFORNIA CEME	E. TEMPORARY ENVAULT F. DISINTERMENT G. SHIP IN TO CALIFORNI D. TRANSIT TO OUTSIDE	4	L DISPOSITION PENDING - (Name and Address)		
	BURIAL	MT HOPE C	A CONTRACTOR OF THE PROPERTY O	a com economica	12/74/04	THE SIGNATURE OF PERSON IN	CHARGE OF BURIAL	
APPLICABLE ITEMS	CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREM	ATORY	128. DATE CREMA	TED 120 SIGNATURE OF PERSON IN	CHARGE OF CREMATION	
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	138. DATE RECEIV	/ED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
COMPLETE	TRANSIT		DDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO I		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR		
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, O DIDENTIFY FINAL PLACE AND C SEA, <u>ONLY</u> ENTER LATITUDE AND	A DISTRICT OF DISPOSITION	15B, DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DIS- POSER — IF APPLICABLE	

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

at NEED

MT. HOPE CEMETERY

INTERMENT ORDER

12-23-04 11:4 Gity of San Diego

Date 12/83/04 uenas You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains FRED uneral, date, time Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot 3926 Grave Division Grave space & Care Fund Overtime/Late Arrival Fees DEC 2 3 2004 Opening/Closing & Setup. **Burial Container** MOUNT HOPE CEMETERY Handling Fees... Flower vases -Recording/Filing/Transfer Fees..... Pald receipt number M 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. Invoice a E 18873

GRAVE BLIND CHECK FORM

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

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ä					
	Y	1 x	2.4	à	
	Ŧ				
	7				
Div: 9	Sect: 1	Blk/Row:	Lot	3926	Gr:
	h Legal Card:		□ No		
Table of the second	h Map; ☐ Ye k & Verified	~	No val	5.	12:250

F18873

PAUL PYKA, D.O., F.A.C.O.G.

Obstetrics, Gynecology & Infertility

8851 Center Drive, #100 La Mesa, California 91942 Phone: (619) 463-9195 Fax: (619) 463-0956 Email: ppdo12@covad.net

December 27, 2004

RE: Jeanette Duenas

This letter is to verify that a premature infant (under 20 weeks) was delivered by me on December 18, 2004.

Please feel free to contact me if you have further questions.

Sincerely,

Paul Pyka, D.O., F.A.C.O.G.

PP;cb

INTERMENT ORDER

City of San Diego

t Need		23-04 14:04		
You are hereby authoriz		, subject to your rule	and regulations	
ina Lines	or lard	Funeral date t	me Thurs	
Type of Bunel Church, Chapel, Graves	75.07	runeral, date, i	Rags dalla	Mortuary.
All Funeral cars must ar		.m. of regular work	day or an extra cl	500,500,500
will be applied and billed	C1570804754 64 040 100 100 100 10		101 4 0500100 0510505. 51	
Division 17 s	ection_2	_ Blk/Row	Lot 135	Grave 12
Grave space & Care Fu	nd	*******************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	985.00
Overtime/Late Arrival Fe	Jes			
Opening/Closing & Setu	ıp	·		413.00
Burial Container	PΔ	<u> </u>		209.00
Handling Fees	200			1 (-1) (0)
Flower vases - Marker	setting DEC 2	3 2004		
Recording/Filing/Transfe		C. A. CONTON		C-10 1113
Sales taxes	JUNT HOPE	CEMETERY	,	1620
1.480	p	ald receipt number	Total Due	18232
witte	6	ald reseipt riginiser	Palan	ce due
	. 1:	ſ		
I hereby certify I am the and this is your authorit that I have the right to n any liability on account of	ty to make dispos nake this authoriz	ation and I agree to	above Indicated.	bove named decedent I certify and represent emetery harmless from
I hereby authorize the in hold under deed. Efficie O. Z	0.	EHT)	e 0.h 17 Enc	ina Or.
Res verific	ed .	Felephone G	163-4065	1 92/14
Work Order # E 1	8874	Invoice # Acct. #		200 300
REA-104 (3-04)	1.00		le in alternative i	ormats upon request,

GRAVE BLIND CHECK FORM

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

ine our	iai space.			14		1325
	Popler			_		
	Horran		x .~	10		162
	50			Brettel	1	
Interme	Check Initiatent space for the control of the contr	r: Najor	lad		Date:	त् <u>य</u> 28
Div: 13	Sect:	a BI				CONTRACTOR OF THE PERSON NAMED IN
Agrees	s with Legal	Card:		Ø □ No	Flo	
	s with Map: Check & Ve		ا ت ا م	No		:12/03/8

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY - MAKE NO FRASURES, WHITEOUTS OR OTHER ALTERATIONS 1B. MIDDLE 1A. NAME OF DECEDENT-FIRST (GIVEN) 2. DATE OF BIRTH 3. DATE OF DEATH 1C. LAST (FAMILY) 4. SEX 16/22/1935 LARD MAJOR GENE 5A. CITY OF DEATH 58; COUNTY OF DEATH -- OUTSIDE CALIF, 18; NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT SPRING VALLEY SAN DIEGO EFFIE O. LARD, WIFE 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B. CALIF. LICENSE NUMBER 5377 ENCINA DRIVE - IF APPLICABLE ANDERSON-RAGSDALE MESTGARY: 5050 FEDERAL BLVD. SAN DIEGO. CA 92114 SAN DIEGO, CA 92102 FD-1329 8A. SIGNATURE OF APPLICANT-Person taking permit 8B. DATE SIGNED I hereby admoviedge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 ACKNOWLEDGEMENT OF APPLICANT 12/21/2004 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. SA. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-12/22/2004 2821439 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 13.00 V. DAVIS LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS, P.O. BOX \$5222 TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT 1 DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) F DISINTERMENT **B. CREMATION** C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY THE DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY: 3751 MARKET STREET BURIAL 12-30-00 SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE

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

14B, DATE SHIPPED

DISPOSITION

15B DATE OF

14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE

15A ADDRESS NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION:

REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

15D. LICENSE NUMBER OF CREMATED REMAINS DIS-

POSER - IF APPLICABLE

14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE

OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

TRANSIT

SCATTERING/BURIAL

AT BEA OR

DISPOSITION OTHER THAN IN A CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

AT Need

City of San Diego

12-23-04 15:14 PRAIND 12/23/04

or Diante	nstructed, subject to your rule Dave	228420	٦
ina Liner	Funeral, date, tir	matures De	c. agm
Church Chapel, Graveside		CABUR	Al Mortuary.
All Funeral cars must arrive befo	re 3:00 p.m. of regular work o	lay or an extra charge	actie_
will be applied and billed to unde	rsigned.		
Division 12 Section	2_ Blk/Row	_ Lot Grav	/e
Grave space & Care Fund	••••••••••••••••••••••••••••••••••••••		9850
Overtime/Late Arrival Fees			
Opening/Closing & Setup		***************************************	413.0
Burial Container		*******************************	209.9
Handling Fees	FC 2 3 2004	***************************************	160.0
Flower vases - Marker setting fe	THE PROPERTY OF THE PROPERTY.		
Recording/Filing/TraMID DNT.	HOPE CEMETERY	,	50.00
Sales laxes			162
		Total Due	1833.7
	Paid receipt number .	R-58350	1.833
		Balance due	0
I hereby certify I am the	Jother	9660-000-00	named decedent
and this is your authority to mak that I have the right to make this any liability on account of said au	authorization and I agree to I	above indicated. I certif	v and represent
hereby authorize the interment i	in lot 1 × Sont	Ja L. Swa	negar
Honya L. Swance	an 243	Lausanne	No.
	July 7.201	1 Dugo, Ct	+ 92114
Source of June 1	City		r r Zei Coon
Species J J 2	City () ()	1)263.66	666 Zi Cade
Oute	City 610	1)263.66	606 Dicon
Paulette Nork Order # E 1887	Invoice #	1)263.66	سي المالي المالي المالي

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

					4.1
_					
	Dayis	X	Johnso	WHICH	n-e
				Write	
	*				
nterment s	pace for:D	n idule ante D 28/04	ave		
oiv: 12	Sect: 2	_ Blk/Row: _	Loi: _		
	n Legal Card	i: Yes	☐ No		,
Agrees with	h Map: 🗹 Y		No F	-608/	
		7			

Blind Check & Verified By: () AVID No

Date:/2-27-

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

_			USE BLACK INK UNLY - MA	NE NO ENASURES, WI	TITEOUTS ON O	THEN ALTERATIONS		1500
		1B. MIDDLE	1C: LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX	
2	DIANTE					02/29/1989	12/18/2004	M
5/	A. CITY OF DEATH			5B. COUNTY OF DEATH	OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL OF INFORMANT CONTA		
37	SAN DIEGO	(A));		SAN DIEGO		AIRIUG	SWANEGAN-MO	THEK
7#	CALIFORN	LA CREMATIO	A - FUNERAL DIRECTOR OR PERSON N # BURIAL SAN DIEGO CA \$2	— IF AF	LICENSE NUMBER PLICABLE	SAN DIEGO CA 92 8A. SIGNATURE OF APPLICANT-	114	SIGNED
	ACKNOWLEDGEMENT OF		owledge as applicant that the proposed disposition st and Safety Code, and was authorized pursuant to Se			· Uluteriati	Cold ca 12/	22/2004
-	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. DRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT 12/22/24 V MITCI	104	AL REGISTRAR ISSUING PE	RMIT
90	NY CHANCE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VITAL REC	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA ORDS P.O. BOX 8522 CA 92186-5222	IF DIS		OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CALIFORNIA		
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS (E. TEMPORARY ENVAULTN F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE C		I DISPOSITION P (Name and Address	ENDING — REMAINS LOCA 88)	TED AT
_	BURIAL	MT HOPE C	DRESS OF CALIFORNIA CEMETER EMETERY ET ST. SAN DIEGO		12/29/04	11C, SIGNATURE OF PER	RSON IN CHARGE OF BU	JRIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	DORESS OF CALIFORNIA CREMATO	ORY	128. DATE CREMA	ATED 11C. SIGNATURE OF PER	RSON IN CHARGE OF C	REMATION
ALL APPLICA		13A. NAME AND AD	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEIV	/ED 13C, SIGNATURE OF PER	RSON IN CHARGE OF FA	ACILITY
COMPLETE		10.50 (VANOS CONTRACTOR CONTRACTO	DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14C. ADDRESS AND SIGN OF PLACING WITH		CHARGE +
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAL EA, <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITION	15B DATE OF DISPOSITION	15C, SIGNATURE OF PER CHARGE OF DISPO		

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

AT NEED-Intigent

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12 27 104

			=
You are hereby authorized and instructe	d, subject to your rules and	regulations, to in	ter the remains
or Emma Tean 1	tenderson	2000 500	66 2284
ina DD CRUPT A"	Funeral, date, time	ws Dec 30	9th 103
Type of Burfal Container Church, Chapel, Graveside	; Ra	asdal su	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	·	100000000000000000000000000000000000000	
Division 13 Section	Blk/Row Lo	19 Gra	ve_2A_
Grave space & Care Fund		n	131.00
Overtime/Late Arrival Fees	PAI	y	
Opening/Closing & Setup		2005	454.00
Burist Container	FEB 2 2	2003	132.00
Handling Food		- AMTEC	Y -
Flower vases - Marker setting fee	MOUNT HOPE	CEMPI	
Recording/Filing/Transfer Fees	W		49.00
Calca tauna			10.23
1 , , , , ,		Due	776.23
. Kinel ad. os	Paid receipt number	huck #	776.23
Airel Barner 3501		Sylalance due	18
hereby certify I am the	4 1	of the above	named decedent
and this is your authority to make dispo that I have the right to make this authority	sition of remains as above	indicated. I certil	ly and represent
any liability on account of said authorizat	ion and interment.	II. Hope Cemeter	NAME OF
I hereby authorize the interment in lot I hold under deed.	Print Name	~	The
noid under geed.	Acidross	X	1
Signature	- Actions	NO.	AM
	City	CON W	Zip Code
aulette 1007	Telephone 5	510	
MUCH - 10076	Invoice #	COS	
Work Order # E .18876	Acct. #	*	

O Frinted on recycled paper

This information is available in alternative formats upon request.

EASE ADDRESS CORRESPONDENCE REGARDING THIS PAYMENT

WARRANT NO. 4199514

SAN DIEGO COUNTY AUDITOR AND CONTROLLER ROOM 163 COUNTY ADMINISTRATION CENTER SAN DIEGO, CA 92101-2478 (619) 531-5321

E18876

AUTHORITY/PO	INVOICE	DESCRIPTION	DISCOUNT AMOUNT	NET AMOUNT
E-78L2-26- E-78L2-26-	20050318 20050705	REF NO.E-188871 DEBRADAVIS REF NO.E-188871 DEBRADAVIS 858) 495 5273 W RA- 2 While Emma Apply to \$ Vean Henderson Throgert Buriel 121	leme	776.23 776.23
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			0.00	1,552.46

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK	ONLY - MAK	E NO ERASU	RES, WH	ITEOUTS OR O	THER A	ALTERATIONS			
IA	A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE LINEA Jean		1C. LAST (FAMILY) Henderson				2. DATE OF BIRTH		OF DEATH	4. SEX		
	Nations Typed Name and an Anderson—Re	1 City DRESS OF CALIFORNIA	A - FUNERAL DIRECTO	R OR PERSON A	ENTER STA	San	Diego	OF I	E, RELATIONSHIP, FULL NFORMANT ene Henderso Webster Str	mailing a	DDRESS AND	ZIP CODE
	San Diego,		tuary; 505	O Ledels	IT PYAG	FD-13			11n, LA 7103 NATURE OF APPLICANT		emi :8B. DATE	SIGNED
	ACKNOWLEDGEMENT OF A		owledge as applicant that the p and Safety Code, and was suft				orced by Section 103055	•	4 - 2 "		12/2	7/2004
100		THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH TY FOR THE DISPOSITION NOTE: THIS PERMIT GIVES NO	AND SAFETY CODE AND SPECIFIED IN THIS PER	IS THE AUTHOR- MIT.	3A AMOUNT OF	FEE PAID	98. DATE PERMIT 12/28/20 V. David	04	9C. SIGNATURE OF LOCA	L REGISTA	ar issuing pe	RMIT
- 33		O ADDRESS OF RE IF DEATH OCCURRI Vital Reco San Diego,	rds, P.O.	Box 8522					IICT OF DISPOSITION — HER DISTRICT IN CALIFORNIA			
	THAN IN A CEMET O. SCIENTIFIC USE	CREMATED REMAINS O	OTHER DRESS OF CAUFOR Cemetery;			IT ALIFORNIA DUTSIDE OF		1 إر0	. DISPOSITION PI (Name and Address	•		-,
LE ITEMS	BURIAL	San Diego	, CA 92102 DDRESS OF CALIFOR				DATE PART	X I	2C. SIGNATURE OF PER	n.	ARGE OF	MEMATION
UL APPLICAB	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFOR	RNIA FACILITY	RECEIVING REM	IAINS	13B. DATE RECE	IVED 3	3C. SIGNATURE OF PER	ISON IN CH	HARGE OF FA	CILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING CREMATED REMAIN		A time at the same	100	14B. DATE SHIPP	ED 1	AC. ADDRESS AND SIGN OF PLACING WITH T			CHARGE *
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SH DIDENTIFY FINAL PL EA. <u>ONL</u> Y ENTER LA	ACE AND CA D	ISTRICT OF DISI		15B. DATE OF DISPOSITIO		ISC. SIGNATURE OF PER CHARGE OF DISPOS		15D LICENSE CREMATED R POSER — IF	

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

AT DEED - Intigent

Det 12/27/04

You are heraby authorize	red and instructed, subject to your tules and regulations, to in	
or Emma	Tean Henderson 20050	
DDCay		? Thurs, 12/30@ 10:00A.
Church, Chapel, Graves	in Koosdale	Merkary.
All Funeral care must an	rrive before 3:00 p.m. of regular work day or an extra charge	of\$
will be applied and blied	d to undersigned.	
DWISION_13_ S	section Bild/Row Lot Cre	No_1B
Grave space & Care Full	nd	131.00
Overtime/Late Arrival Fe	•••	
Opening/Closing & Setu	P.,,	H24.00
Burial Comeiner	addigane (com) e e e grappo ricandi, e e e e e e e e e e e e e e e e e e e	132.00
Handling Feet	**************************************	
THE REPORT OF THE PROPERTY OF	setting fee). M 🕾
Recording/Filling/Transfe	9f F881	**************************************
Sales tares	Objective and the second control of the seco	10.23
Parcel Dung	Total Dus	776.23
port of corpus	Paid receipt number	
640.80	Q. The contract of the contrac	
that I have the right to m	of the above ty to make disposition of remains as above indicated. I cent right this authorization and I agree to hold Mr. Hope Cornete of said authorization and interment.	named decedent ify and represent ry harmless from
I heroby sutherize the in	Marmantin Int _ Erma Smit	٨
hold under deed.	928 S. 45TH ST. AT	27/42
terms on	SAN DIEGO, CA 9211	3
	619-263-7119	To Cose
Durchte	-	
Paulette 1	DO76 Invoice	
Work Order . E 1	88/5 Actt.	
SFA 104 (3-04)	This information is available in alternative forme	Mi upon requiest.

18876

County of San Diego 1600 Pacific Highway San Diego, CA 92101-2478

THE PARISHOLD THIS DICIDION AT COMMITAN

BANK OF AMERICA Community Development Bank 1500 Newell Ave. Ste. 200 Walnut Creek, CA 94596

n opping the state of the material state of the state of

Warrant

4199514

Date of Issue: 01/24/2005

The Treasurer Will Pay

******1,552.46*

To

MT HOPE CEMETERY ATTN: CITY TREASURER 3751 MARKET ST SAN DIEGO CA 92102

VOID IF NOT PRESENTED TO COUNTY TREASURER WITHIN SIX MONTHS FROM DATE OF ISSUE, GOVT CODE SECT. 29802

AUDITOR AND CONTROLLER

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW.

"O4199514" 1:1211418221: 73132"O0986"

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

Date 12/27/04

You are hereby authorized and instruc	ted, subject to your rules and regulations, to inte	the remains
or Dougla	is Winberg \$ 22848	9 (soh)
ina ASH WAULT	Funeral, date, time	501
Church, Chapel, Graveside _ Deli	very Bonham Bross	Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work day of an extra charge of	7 7
will be applied and billed to undersigned	əd	
Division 8 Section 9		1
Grave space & Care Fund	D 070	
Overtime/Late Arrival Fees	711	1511 4-
Opening/Closing & Setup	PAD	154.00
Burial Container	4.0 2005	77.00
Handling Fees	JAN 13 2005	88.00
Flower vases - Marker setting fee	CEMETERY	
Recording/Filing/Transfer Fees	MOUNT HOPE CEMETERY	66.00
Sales taxes	10-	6.28
	Total Due	395.28
	Pald receipt number 158409	3952
	Balance due	8
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	of the above na position of remains as above indicated. I certify rization and I agree to hold Mt. Hope Cemetery ration and interment. Print Name Address City	med decedent and represent parmiess from
I hereby authorize the interment in lot I hold under deed.	Print Name	Stull 1
Signature .	City 52 01 949	Zip Code
Paulitie Work Order * E 18877	Invoice #	
BARTACES STATES AND THE PARTY OF THE PARTY O		

MT HOPE CEMETERY F18877

				C	TO A.
	RAVE BL				
Deceased Name	Robert	+ + L	linbe	rg	
Deceased Name _	rug.	93 (01	rivere	30	
		F. M. PIEPER			
	H. A. STEELE	Х	M. H.		
		H. SPIRES			
Today's Date					
Interment Date: Div: Sect:_ Flag placed by:	I BII	dRow:	Lot:	64 0	sr:_1
Grave Laid Out by	KE,	4	au	~	
Agrees with Map:			Verified	an	1
Agrees with Legal					

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS ID#1914339

£-18877

		USE BLACK INK ONLY - MA	KE NO ERASURES, V	VHITEOUTS OR O	THER ALTERATIONS Fd	5
	DENT—FIRST (GIVEN)	18. MIDDLE Robert	1C. LAST (FAMILY) Winbe	rg	2. DATE OF BIRTH 3. DA 04/01/1947 12	TE OF DEATH 4. SEX
SA. CITY OF DEATH Ra	mona		San Dieg		6 NAME RELATIONSHIP FULL MAILING OF INFORMANT Elizabeth Winber	G ADDRESS AND ZIP CODE
Вс	nham Bros	A-FUNERAL DIRECTOR OF PERSON & Stewart Mort Ramona CA 9206	uary - F	FD568	1737 Eastwood Ct	Fort Collin
ACKNOWLEDGEMENT		owledge as applicant that the proposed disposition at and Salety Code, and was authorized pursuant to Se			· -/1	12/28/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA	\$13.00	98. DATE PEAMIT 12/28/ J.Stew	2004 2421704	TRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	IF DEATH OCCURR	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA 853278825222eg	IFD		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	
X A. BURIAL (INCLU			E TEMPORARY ENVAULT F DISINTERMENT G. SHIP IN TO CALIFORN D. TRANSIT TO CUTSIDE	IA.	L DISPOSITION PENDING-	
JAIRUS		DRESS OF CALIFORNIA CEMETER De Cemetery San		1-18-0		CHARGE OF BURIAL
CREMATION SCIENTIFIC USE	Greenwoo	od Mem Pk 4300 Diego CA 92102		01/01/20	5 -5 50	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEN	ED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BES		148. DATE SHIPPE	D 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING/BURIA AT SEA OR DISPOSITION OTHE THAN IN A CEMETER	SUFFICIENT TO IF BURIAL AT SE	REST POINT ON SHORELINE, OR O IDENTIFY FINAL PLACE AND CAD FA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	15B, DATE OF N. DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISO, LICENSE NUMBER OF CREMATED REMAINS D'S- POSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT NOOD

City of San Diego

Date 12/27/04

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. ASH	MULT	·	Funanal, da	ste, time		
wich, Chapel,	Gravasido	Deliver	4	Bont	um Bross	Mortuary
Funeral cars n	nust arrive bets	7 3 00 p.n	o of regular s	rork day of	n extre charge o	77
ni be applied an	d billed to undi	reigned,		- 88	1910	074
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Waten 8	Section _		BIN POW	Lot_	764 Grav	<u> </u>
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pening/Clasing	& Salup			************	#FFFF##-H#FFF1-10740-14	154.00
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tandling Feas				44 0.000 (100)	angarosassassas as a	28.00
lawar vasas – N	larker setting fo	sa				-
ecording/Filing/	Transler Fees.			.,		66.00
des taxes			matter (minero	ecitala companione	assessment at the reason	6.28
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hd this is your a let I have the rig hy kability on ac	the to make this	Buthorizati	on and I agre	e to hold Mit	ndicated, I certify Hope Cemetery	and represent remiess from
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hereby sutherize oldunder dead.) the interment	1000	Cartina in	m 27	Enseus	93 Cr.
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2 sate						
Paulate	· · · · · · · · · · · · · · · · · · ·		Invoi	CB F		
Paulite	1887	7	Invoi Acci	1000		

PTEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 12-27-04 14:19 PAID

Date 12/27/04

You are hereby authorized and instructed, sub	Carlo Carlo Control of Carlos Value (1952)	regulations, to in	nter the remains
	uneral, date, time U	bd 17/2	a/ou 11:00
Church Chapel Graveside		- Marie 1	th Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or		
will be applied and billed to undersigned	**************************************		
Division 12 Section 2 Ble	/Row Lo	63 Gra	ive <u>6</u>
Grave space & Care Fund	PAID		985 -
Overtime/Late Arrival Fees	INIU		
Opening/Closing & Setup	DEC 2 7 2004	······	4/3-
Burial Container	DLC 2 . 200		418-
Handling Fees	IT-HODE CEN	ereov	352-
Flower vases – Marker setting fee	II HOPE CEN	IEIENI	v-=
Recording/Filing/Transfer Fees			50-
Sales taxes			3240
		l Due	2250 90
Paid r	ecelpt number		2250 40
	20	Balance du	.0
I hereby certify I am the X wife and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	and I agree to hold I	indicated. cert	named decedent ify and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	And Name	100 M	rgan
Lava Genegan	Address Chy South	Diego	(A 991/
R) M)aria	(619)	266-83	78
Work Order# E 18878	Invoice #		S)

MT HOPE CEMETERY E-18878

GRAVE BLIND CHECK FORM

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		shields				1
	Ward	Logan	X	Wiles	Lanks	
				4		
		12/27				_
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Grave L	aid Out by	2 Blk Paule Horno	n 7	ey	(;W 83 Gr	.6
Grave L Blind Ch	aid Out by neck Verifi		DARI	ey		.6

E-18878

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

44

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC, LAST (FAMILY)	man - year and see the deep		DATE OF DEATH 4. SEX
JOS	E	_	BARRAG	AN		12/21/2004 M
SA. CITY OF DEATH	San	Diego	SB. COUNTY OF DEAT ENTER STATE	Manufesta CALIC	6. NAME, RELATIONSHP, FULL MALLI OF INFORMANT Laura Barragan	NG ADDRESS AND ZIP CODE
A. TYPED NAME AND AD		A STATE OF THE STA	PERSON ACTING AS SUCH 7B. CA	LIF LICENSE NUMBER	6709 Mezin Way	- MILE
Heath I	uneral Hom			F APPLICABLE	San Diego CA 92	114
611 Hic	hland Ave.	, National Ci	ty CA 91950 PD	507	BA. SIGNATURE OF APPLICANT-Person	taking permit 88. DATE SIGNED
ACKNOWLEDGMENT OF M	hereby a	classificated as applicated that the pr	oposed disposition stated herein is one of the d was authorized persuant to Section 7100 of the	dispositions authorized by the Health and Safety Code.	Mykott	12/28/2004
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET Y FOR THE DISPOSITION SP DIRECT OF DEPOSIAL (NITSBE OF C	\$ 13.00	12/28/2	1 1996ED SC SIGNATURE OF LOCAL	REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSH- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF D IN CALIFORNIA San Diego CA			OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUFORNIA	v
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORON	ER'S USE ONLY
B. CREMATION			E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF	ORNIA	(Name and Addre	IDING—REMAINS LOCATED A
BURIAL	STATE OF THE CONTRACT OF THE	Observe California	Diego CA 92102	11B. DATE BURIE	to Tic Signature of Person	IN CHARGE OF BURIAL
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA	CREMATORY	128 DATE SHEMA	TED 12C. SIGNATURE OF PERSON	IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND AL	ODRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B, DATE RECE	IVED 13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATU OF PLACING WITH THE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELIN ENTIFY FINAL PLACE AND (E, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITIO	

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

NEED

MT. HOPE CEMETERY

INTERMENT ORDER

12-27-04 14:29 PAID

Date 12/27/04

	0.1	rd Oliver	d regulations, to inter 2084/38	
ina	Liner Type of Burte Container	Funeral, date, time (Jed. 12/29/0	4 11:00
Church eh	apel, Graveside		telan	Mortuary.
All Funeral	cars must arrive belo	re 3:00 p.m. of regular work day o	t an extra charge of	
will be appli	ied and billed to unde	rsigned	15.3	-04
O TO THE WAY WORK	1982)	_	183 6	MA
Division	2 Section_	Blk/RowL	Grave	403
Grave spac	e & Care Fund	מואם		985-
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motory cor	your authority to mak	e disposition of remains as above authorization and I agree to hold	indicated. I certify	and represent
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MT HOPE CEMETERY

E-18879

GRAVE BLIND CHECK FORM

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY — MAR	KE NO ERASURES	, WHITEOUTS OR OTH	HER ALTERATIONS E	08/9
A	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			TE OF DEATH 4: SEX
	Richar	d		Oliver		05/06/1977 12/	28/2004 M
		Valley		San Die	rao.	NAME, RELATIONSHIP, FULL MAILING OF INFORMANT Maria Reyna-Mother	3 ADDRESS AND ZIP CODE
7A.	Funera		78566 La Masa Blv	ACTING AS SUCH 78.0	ALIF. LICENSE NUMBER IF APPLICABLE	10707 Jamacha Blvd Soring Vallay CaAS	1983
	ACKNOWLEDGEMENT OF A	PPUCANT I hereby ackno	rwiedge as applicant that the proposed disposition sta and Safety Code, and was authorized pursuant to Sec	and herein is one of the disposition 7100 of the Health and Safe	ons authorized by Section 103055 by Code.	geul amula	12/28/2004
	r Enami	THE CALIFORNIA HEALTH /	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- ISPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	Jean A.Mat	a	TRAR ISSUING PERMIT
**		IF DEATH OCCURRE	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA POBBOX 8 0, CA 92186-5222		ODRESS OF REGISTRAR OF F DISPOSITION IS TO OCCUR IN	DISTRICT OF DISPOSITION — ANOTHER DISTRICT IN CALIFORNIA	
	A. BURIAL (NCLUDE) B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS O		E. TÉMPORARY ENVA F. DIBINTERMENT G. SHIP IN TO CALIFO D. TRANSIT TO OUTSI	ANIA DE OF CALIFORNIA	I DISPOSITION PENDING (Name and Address)	— REMAINS LOCATED AT
	BURIAL	Mr. Hope	DRESS OF CALIFORNIA CEMETER Cemetery 3751 Mar D, CA 92102	ket St.	118. DATE BURIED	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
TEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	PRY	128. CATE CARMAT	12C SIGNATURE OF PERSON IN	CHARGE GPACREMATION
AL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	138. DATE RECEIVE	D 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
MPLEIE	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
3		15A. ADDRESS, NEA			Control of the Contro		

COPY 2 IS RETAINED BY 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 12 28 04

ina liver	Funeral, date, time Thurs Dec. 30 his c
Church Chapel, Graveside	: CA QUE ALMortuary
All Funeral cars must arrive before 3	8:00 p.m. of regular work day or an extra charge of \$ 165.
will be applied and billed to undersig	ned.
Division 13 Section 3	Blk/Row Loi 65 Grave 9
Grave space & Care Fund	485.0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	304. O
Handling Fees	160.00
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2 Par	Pald receipt number
PON HOS	Balanderue
1 11	1/1/2
and this is your authority to make the	of the above named decedent isposition of remains as above indicated. I celully and represent horization and I agree to hold Mt. Hipp Cemetery harmless from
any liability on account of said author	rization and interment.
hereby authorize the interment in the	Ot I Print Name
	Address
Signature	City Zip Code
Paulette 1999	Telaphone
Work Order # E 18880	Invoice #
Work Order # E 1008U	Acct. #

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MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

REA-104 (3-04)

City of San Diego

Date 12-28-01

You are hereby authorized and instruct	ed, subject to your rules and regulations, to in 228457	ter the remains
ina D.D. CRYPT "B"	Funeral, date, time Weds Ja	n 5,200
Church Chapel, Graveside	: Kagedale	Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge o	, shippe
will be applied and billed to undersigne	d	=
Division 11 Section 2	Blk/Row Lot Lot Gran	ne 2_
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I hereby certify I am the and this is your authority to make disp that I have the right to make this autho any liability on account of said authoriz	osition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemeter	named decedent ly and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name	while
	- Access QUICA	0
Signature	ca (100 C	Zip Code
Poulette - 19991	Talephone	
(000 E 18881	Invoice #	
	information is available in alternative format	s upon request.

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MT HOPE CEMETERY = 1888

GRAVE BLIND CHECK FORM

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAIN

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 3. DATE OF DEATH 4. SEX 1C. LAST (FAMILY) 2. DATE OF BIRTH MONTH, DAY, YEAR MONTH, DAY, YEAR Annie Laura Swenson 03/24/1914 12/26/2004 F
5B. COUNTY OF DEATH — OUTSIDE CALIF. | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH **ENTER STATE** OF INFORMANT San Diego San Diego Linda A. Morrow, Granddaughter 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OF PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER P.O. Box 1243 Anderson-Ragsdale Mortuary: 5050 Federal Blvd. Lemon Grove. CA 91946-1243 San Diego, CA 92102 BA. SIGNATURE OF APPLICANT—Person taking permit (BB. DATE SIGNED PA-1329 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section (03055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 01/03/2005 ACKNOWLEDGEMENT OF APPLICANT 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SA. AMOUNT OF FEE PAID THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 01/04/2005 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR 2500166 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 11.00 V. Davis LOCAL REGISTRAR 9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW Vital Records, P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) B. CREMATION DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery: 3751 Market Street BURIAL 1-5-05 San Diego, CA 92102 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138, DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B, DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B, DATE OF 15C. SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF * CREMATED REMAINS DIS-**SCATTERING/BURIAL** SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE

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

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

AT SEA OR

DISPOSITION OTHER THAN IN A CEMETERY MT. HOPE CEMETERY

INTERMENT ORDER

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AT NEED	3	City of San Diego	Date 12-2	8-01	
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MT. HOPE CEMETERY INTERMENT ORDER

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~~~	of San Diego	20-12
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William		3390
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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.		
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Opening/Closing & Setup		116.00
		61.00
Burial Container		66.00
Handling FeesVA MARKER	DEC 2 8 2004	
Flower vases - Marker setting tee		139.00
Recording/Filing/Transfer Fees	MOUNT HOPE CEMETER	50.00
Sales taxes		1300
	Jotal Due	H35,1
Pald	receipt number K- 96357	435.7
	Balance du	0
I hereby certify I am the	C of the above	named decedent
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certi	ly and represent
any liability on account of said authorization a	nd interment.	y naminada nom
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I hereby authorize the interment in lot I hold under deed.	Print Name	WHIV
anita D. M. gowan	Address	5, 0,
Signature	4909 GREEN BRI	E AVE 9212
w.	619)5833429	
aulette 19882		
	Invoice #	
Work Order # E 10002	Acct. #	

### MT HOPE CEMETERY /



### GRAVE BLIND CHECK FORM

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

1/	. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
	EDWARD		CHARLES	McGOWAN			6976171 jet	12/24/2004	M
5/	CITY OF DEATH			58. COUNTY OF DEATH			RELATIONSHIP, FULL ORMANT	MAILING ADDRESS AND	ZIP CODE
	SAN DIEG			BATTATO AND AND AND ADDRESS OF THE PARTY.	N DIEGO	ANITA	McGOWAN -		
7,	GOODBODY M	ORTUARY - S	A FUNERAL DIRECTOR OR PERSON 5027 KL CAJON BOUL SAN DIEGO, CA 9211	EVARD - FAF	D 790	SAN D	GREENBRIER IEGO, CA 92	120	
	ACKNOWLEDGEMENT OF	I heretry actor	owledge as applicant the proposed disposition at and Safety Code, and was authorized pursuant to Se	used herein is one of the dispositions au isson 7100 of the Heelth and Salety Cod	thorized by Section 103055 te.	> /	MIA S'XI	Person Islam permi 88. DATE 12/2	3/2004
20000		THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT DINGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	% DATE PERMIT NIA GO 12/29/		2421841 •	AL REGISTRAR ISSUING PE	AMIT
3	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	P.O. BOX 85	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA 1222 CA 92186 5222		ESS OF REGISTRAR POSITION IS TO OCCUP		OF DISPOSITION — DISTRICT IN CALIFORNIA		
- 3	X A. BURIAL (INCLUDE	DENIUMBMENT		E. TEMPORARY ENVAULTM	ICIA1		11. DISPOSITION PE	ENDING — REMAINS LOCAT	
-	B. CREMATION	F CREMATED REMAINS (	OTHER C	F. DISINTERMENT G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O			[Name and Address	18)	EUA
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OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL

OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 10/28/04 12-28-04 14:44 PAID

You are hereby authorized	and instructed, sub	pject to your rule:			the remains
or Koger		e	228	ALC: NAME OF STREET	
in a 15 Val	11	Funeral, date, tir	ne FRI. JA	N. 7,	2005@11:0
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All Funeral cars must arriv	e before 3:00 p.m.	of regular work o	lay or an extra	charge of \$	
will be applied and billed to	undersigned				
Division 1 Sec	tion	(Row HOV.	F Lot 108	Grave_	2
Grave space & Care Fund		DAIF	<b>3</b>	<i>C</i>	185
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Opening/Closing & Setup.		neo wasas	<u> </u>		413-
Burial Container	***************************************	DEC 2 8 20	04		275-
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Flower vases - Marker set		LHONE OF	地上によ		-518
Recording/Filling/Transfer I	995				50-
Sales taxes					2131
			Total Due		94831
	Paid r	ecelpt number	× 5836	0 10	14831
				nce due _	
I hereby certify I am the X	Son		of the	above nam	ed decedent
and this is your authority to that I have the right to mak any liability on account of s I hereby authorize the inter	e this authorization aid authorization ar	and I agree to h	bove indicated told Mt. Hope C	. I certify a cemetery has 464	nd represent armless from
hold under deed.	201	×192	3 Lau	unda	le St.
Janes Comel	We_	5a	Diago	CAC	12154
(R) mar	ier	(619)	804-	814	45°
Work Order # E 18	883	Invoice #			
REA-104 (3-04)	This inform	ation is availabl	e in alternative	formats up	oon request.

O Printed on recycled paper

MT HOPE CEMETERY [ 1883

## GRAVE BLIND CHECK FORM

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ntermer Div: Flag pla Grave L Blind Ch	nt Date: L Sect: ced by: aid Out by neck Verifi	1/7/ Pa r: M~ ed by: 4	105 BIKROW:_ LULET	Time:Lot:	108 Gr:_	2

E1888369

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

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

1A. NAME OF DEC	EDENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			ATE OF DEATH 4. SEX
RO	GER	EDWARD	OELK	E		/26/2004 M
SA. CITY OF DEAT	H Chula Vista	71	5B. COUNTY OF DEAT ENTER STATE Sa	n Diego	8. NAME, RELATIONSHIP, FULL MALLING OF INFORMANT Daniel M. Oelke - S	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON AN Heath Funeral Home 611 Highland Ave., National City CA		FD	F APPLICABLE	1923 Lawndale Street San Diego CA 92154 BA. SIGNATURE OF APPLICANT—PERSON plane permit, 88. DATE SIGNED		
ACKNOWLEDGMENT		ecknowledge as applicant that the propose 1376 of the Health and Safety Code, and was			Shwa Totath	01/03/2005
PERMIT  AUTHORIZATION ( LOCAL REGISTRA	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROCORNA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIF DIRECT OF MEROSAL OUTSIDE OF CALIFOR	\$ 13:88p		/ 2005 / Names Local F	EGISTRAR ISSUING PERMIT
ANY CHANGE IN DISP TION REQUIRES A NE PERMIT TO SHOW FIN DISPOSITION.	W IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF D ED IN CAUFORNIA San Diego CA 921	l IF		OF DISTRICT OF DISPOSITION— UP IN ANOTHER DISTRICT IN CALIFORNIA	- v
B. CREMATIC	ON OF CREMATED REM.		E. TEMPORARY ENVA	DRNIA	FOR CORONE  I. DISPOSITION PEND (Name and Address	NG-REMAINS LOCATED AT
BURIAL	AND MARKET OF	Cemetery, San I		118. DATE BURIE		N CHARGE OF BURIA
CREMATION	12A. NAME AND AC	DORESS OF CALIFORNIA CRE	MATORY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON II	CHARGE OF OREMATION
SCIENTIFIC	13A, NAME AND AD	DORESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON I	N CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP	ED 14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATTERING AT OR DISPOSITION OF THAN IN A CEMET	FICIENT TO IDE	rest point on shoreline, of entify final place and ca <u>d</u>		15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON I CHARGE OF DISPOSITION	N 150 LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —4F APPLICABLE

COPY 2 IS RETAINED BY 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-18883

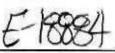
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PATA					easure :	Island, S	an Fre	ncis	o, Ca	diforn;	ia
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8	23. PERHAMENT ADDRESS FOR MAIN (Street, RFD, Over, County) Palo Alto (Sants C	lara) (	alifornia	t Street	-01	MEN	8	0	24	ec.	
	H. E. GREEN, CMO,	USMC	IZING OFFICER		D. SIGNATO	TRE OF OFF	JU	TO 516X			

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

AT POI-03-05 09:0	1 City of San Diego Date 12 28	3104
of XUYEN		٥
ina TS variet	Funeral, date, time thuk: 1/6/0	5 e 12100
Type of Burlai Container Church Chape Graveside	Creenwood	Mortuary
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an extra charge of	
will be applied and billed to undersigne	<b>d.</b>	
11 CHINESE Section 2	Blk/Row Lot 152_ Grav	₁₈ _4_
Grave space & Care Fund	5-8744	0
Overtime/Late Arrival Fees	DAID	
Opening/Closing & Setup		413.00
- [ I. N. 124 [ 128 전이스 B.S. * - 128 NOT - B.M. B.M. S. # 200 NOT B.M. B.M. S. # 200 NOT	IAN - 3. 2005	
		204.00
	OUNT HOPE CEMETERY	163.85
	J0141-1101-E-XEIII	50.00
Recording/Filing/Transfer Fees		21.31
Sales taxes	<b></b>	1127.10
1264.34	Paid receipt number Rx 58368	1127 11
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NA C	Balance due	10
I hereby certify I am the and this is your authority to make disc	position of remains as above indicated. I certiful rization and I agree to hold Mt. Hope Cemeter	
I hereby authorize the interment in lot I	X Point Name	*
hold under dead.	· · · · · · · · · · · · · · · · · · ·	.0 '
Signature	Address )	C
600-P1-360/6	Con MONT	Zip Code
Paulette	Telephone	
all	Invoice #	
Work Order # E 18884	Acct. #	

## MT HOPE CEMETERY



## GRAVE BLIND CHECK FORM

Deceased Hame	xuyen D.T		T
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Interment Date:_ Div <i>Chines</i> sed Flag placed by:_	1-6-05 Time t: 2 Blk/Row: Revete	Lot: <u>/52</u> G	
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Interment Date:_ Div <i>Chines</i> Sec Flag placed by: _ Grave Laid Out to Blind Check Veri	1-6-05 Time t: 2 Blk/Row: Revete	Lot: 152 G	

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

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

TA NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2 DATE OF BIRTH 3. DATE OF DEATH 4 SEX 05/03/1936 TRAN XIIVEN DIMH 5A, CITY OF DEATH 58. COUNTY OF DEATH - OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SAN TO OF INFORMANT M DIEGO SAN DIEGO JOHN TRAM-BROTHER 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 77B. CALIF. LICENSE NUMBER 4779 CASTABA ST. IF APPLICABLE GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102 SAN DIEGO CA 92102 FD 843 8A SIGNATURE OF APPLICANT—Person lattre certe: 8B DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions author of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code ared by Section 103055 ACKNOWLEDGEMENT OF APPLICANT 12/29/200 9A AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 12/30/2004 2421924 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **AUTHORIZATION OF** \$13.00 K JONES MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO CA 92186-5222 DISPOSITION 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY A. BURIAL (INCLUDES ENTOMEMENT) E. TEMPORARY ENVAULTMENT 1. DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) - B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL HT HOPE CEMETERY, 3751 MARKET ST. BURIAL SAN DIEGO CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B, DATE CREMATED: 12C, SIGNATURE OF PERSONAN CHARGE OF CREMAT CREMATION 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USF 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B. DATE OF 15C. SIGNATURE OF PERSON IN 150 LICENSE NUMBER OF CREMATED REMAINS DIS-SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

PAGE 01/

16:31

12/28/2004

50 MT. HOPE CEMENTERY > 92643433

NQ.386 00

MT.	HOPE	CEME	TERY

#### INTERMENT ORDER

City of San Disco

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in a TS V Que Nyet or Burner Common Church, Chappel, Graveside	-LT Funeral, de	Creenuttos	nposis sic
All Funeral cars must arrive t	before 3:00 p.m. of regular w	rork day or an extra char	200518
will be applied and billed to u	undersigned.		
Olivisian CHINESEectlo	m 2 BIWADW	in 152_c	Sieve 4
Grave space & Care Fund	6-8144	***************************************	
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Opening/Closing & Setup			413 00
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Work Order # E 181	884 Acc	1. 8	
NEA-104 (3-04)		raliable in alternative for	mate upod regulat.

in grave of morehack

MT. HOPE CEMETERY

#### INTERMENT ORDER

NEED	City of San Diego	, 121:	29124
	12-29-04 10:5	7 PAID 12/2	-1/04
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All Funeral cars must arrive be	elare 3:00 p.m. of regular work	day or an extra charge	of \$
will be applied and billed to un	ndersigned		
Division Section	Alk/Row	Lot 113 Gr	1ve_7_
Grave space & Care Fund	E-10963		-0
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Opening/Closing & Setup			4/3.00
Burial Container	AIU		
		48(1) (000) (64(1) (62(1)) (70(1)) (64(1))	
	C 2 9 2004		
Manager Commission and San Vincedian Commission			
Sales taxes	OPE CEMETERY		
		Total Due	463.0
	Paid receipt number		463.00
	NAMES NA	Balance du	ю_Ø_
I hereby certify I am the	auchter	of the above	named decedent
and this is your authority to me that I have the right to make the	nake disposition of remains as his authorization and I agree to	above indicated. I cert hold Mt. Hope Cemete	ify and represent ary harmless from
any liability on account of said	authorization and interment.	#778420	***************************************
I hereby authorize the interme	ont in lot )	ayla Maks	hall
hold under deed.	100 49	72 Runn	ell St
Vejour me	Male Address	Diego C	14 901/3
3.5.0WW	1619	1459-46	20 To Cool
a late	Timetore .		
100	or Invoice	#	
Work Order # E 188	85 Acct.#	(1)	
REA-104 (3-04)	This information is availa	ble in alternative forms	ats upon request.

6 Printed on recycled paper

# MT HOPE CEMETERY E 1885

<b>GRAVE</b>	<b>BLIND</b>	CHECK	FORM

Juth Deceased Name	grave	of ha	uy n	narshae
	wider	Christan X Welch	Clevelor	Page
roday's Date  Interment Date: _/  Div://_ Sect	- <b>3</b> -05	fT	Lot:_	
Flag placed by: _ Grave Laid Out by				
Blind Check Verif	~~~			
	sectors in Africa and		Verified	1
Blind Check Verifi Agrees with Map: Agrees with Lega	Initials _			

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

A. NAME OF DECE			11.5				
BEVERLY	DENT-FIRST (GIVEN)	1B. MIDDLE S.	1C. LAST (FAMILY)  MARSHALL		2: DATE OF BIFTH MONTH DAY YEAR 03/05/1938	3. DATE OF DEATH	4. SEX
SAN DIEGO		A7-	5B. COUNTY OF DEATH ENTER STATE SAN DIEG	_	NAME, RELATIONSHIP, FULL OF INFORMANT DCTOVIA MARSHAL	MAILING ADDRESS AN	ZIP CODE
CALIFORNI	A CREMATION	A-FUNERAL DIRECTOR OR PERSON & BURIAL CHAPEL SAN DIEGO, CA 921	-FA	LICENSE NUMBER PPLICABLE	972 BUNNELL ST AN DIEGO, CA 9 SIGNATURE OF APPLICANT	2113	SIGNED
ACKNOWLEDGEMENT		owledge as applicant that the proposed disposition s and Sefety Code, and was authorized pursuent to Se			Your B	12/3	0/2004
PERMIT  AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND 15 THE AUTHOR- N SPECIFIED IN THIS PERMIT. D RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	98. DATE PERMIT 1988 12/30/2004 J. BENEERI		al registhar issuing pe	RMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	VITAL RECO	GISTRAR OF DISTRICT OF DEATH LED IN CALIFORNIA RDS-P.O. BOX 8522 CA 92186-5222	IF DIS		DISTRICT OF DISPOSITION — INOTHER DISTRICT IN CALIFORNIA	1	
A. BURIAL (INCLU	DES ENTOMBMENT	1	E. TEMPORARY ENVAULTE	BE(V)		ENDING - REMAINS LOCA	IED AI
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC U	11A. NAME AND AL	DORESS OF CALIFORNIA CEMETE	TOTAL CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O	5	(Name and Address		JRIAL
C. DISPOSITION	METERY SE 11A. NAME AND AC	DRESS OF CALIFORNIA CEMETE EMETERY 3751 MARK	G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE C	OF GALIFORNIA	US 32 N 000 000 A 000 000		IRIAL
C. DISPOSITION THAN IN A CE D. SCIENTIFIC U	IIA NAMEANDAD MT. HORR C SAN DIEGO,	DRESS OF CALIFORNIA CEMETE EMETERY 3751 MARK	G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O	OF CALIFORNIA 11B DATE BURIED	11C. SIGNATURE OF PER	ASON IN CHARGE OF BE	
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BURIAL  CREMATION  SCIENTIFIC  CREMATION  SCIENTIFIC	11A. NAME AND ALL  11A. NAME AND ALL  12A. NAME AND ALL  13A. NAME AND ALL  14A. NAME AND ALL  14A. NAME AND ALL	DDRESS OF CALIFORNIA CEMETE EMETERY 3751 MARK CA (2102 DDRESS OF CALIFORNIA CREMAT	G. SHIP IN TO CALIFORNIA D. TRANSIT TO OUTSIDE O RY  (BT STREET  TORY  PRECEIVING REMAINS  COUNTRY WHERE	11B DATE BURIED  1-3-05 12B. DATE CREMATE	11C. SIGNATURE OF PER	ASON IN CHARGE OF EASON IN CHARGE OF FA	REMATION ACILITY

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



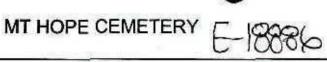
### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 12/29/04

in a LINER	Funeral, date, time Wed. 1/5/05	0130
Church, Chapel Graveside	SanDilego Men	100 Andriuary
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an extra charge of	s
will be applied and billed to undersigne	id	
Division 12 Section 2	Blk/Row Lot 222 Grave	7_
Grave space & Care Fund		985
Overtime/Late Arrival Fees		
Opening/Closing & Setup	0410	413
Burial Container	PAID	209-
Handling Fees	2005	160
Handling Fees	JAN - 4 2005	
Recording/Filing/Transfer Fees	NOUNT HOPE CEMETERY	50
Sales taxes	MOUNT HOPE CE	16
mantine	lotal Due	1833
montuary to pay	Pald receipt number Rx 58375	1833
to pay	Balance due	0
I hereby certify I am the X and this is your authority to make disp that I have the right to make this autho any liability on account of said authoriz	of the above no position of remains as above indicated. I certify rization and I agree to hold Mt. Hope Cemetery ation and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	X Print Name	
Signature	Address	
(R) maria	City Telephone	Zlφ Code
□ 18886	Invoice #	
E 10000	minima di sociali.	



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18886 7

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY — MAI	KE NO ERASURE	S. WHI	TEOUTS OR O	THER AL	TERATIONS			
1/	NAME OF DECEDE	NT—FIRST (GIVEN)	18. MIDDLE	10. LAST (FAMILY MCCLAI	W.			2. DATE OF BIRTH MONTH DAY YEAR 11/29/1934	3. DATE O	F DEATH	4. SEX
5/	CITY OF DEATH			5B. COUNTY OF		- OUTSIDE CALIF.,		RELATIONSHIP, FULL		DRESS AND	ZIP CODE
	SAN DIEGO	)		SAN DI			SAI	AH J. NCCLA	IN-WIF	B_	
7/	SAN, DIEG	DORESS OF CALIFORNI	A - FUNERAL DIRECTOR OR PERSON (		CALIF LI — IF APPL	ICABLE	SAI	DIEGO, CA	92105		SIGNED
1	ACKNOWLEDGEMENT OF A	PPLICANT I hereby action of the Health	owledge as applicant that the proposed disposition sta and Salety Code, and was authorized pursuant to Sec	sted herein is one of the disposition \$100 of the Health ghd S	sitions author lately Code	ized by Section 103055	× >	sign X Ture	mp.	12/20	3/2004
	PERMIT	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT PRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$13.00	E PAID	98. DATE PERMIT 12/29/3 J. LEMON	2004	9C. SIGNATURE OF LOCA 2421866	L REGISTRAF	ISSUING PER	MIT
-		P.O. BOX	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA 85222 92186—5222	96				T OF DISPOSITION — R DISTRICT IN CALIFORNIA —			
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLICA	ABLE ITEMS					FOR CO	RONOR'S	JSE ONLY	
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C		E. TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CALI D. TRANSIT TO OUT	FORNIA TSIDE OF	CALIFORNIA	_	L DISPOSITION PE		MAINS LOCAT	ED AT
	BURNAL	3751 107	DRESS OF CALIFORNIA CEMETER  LEMETERY  CO, CA 92104	<b>I</b> Y		1-05 O		SIGNATURE OF PER	SON IN CHA	ARGE OF BU	RIAL
BLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	DRY		2B. DATE CREM	ATED 12	SIGNATURE OF PER	SON IN-CHA	AGE OF CR	EMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	DRESS OF CALIFORNIA FACILITY	RECEIVING ŘEMAII	NS 1	3B. DATE BECEN	VED 13	Ç. SIGNATURE OF PER	SON IN CHA	ARGE OF FAI	CILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		1	4B. DATE SHIPPI	ED 14	C. ADDRESS AND SIGN OF PLACING WITH TO			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAID EA, <u>ONLY</u> ENTER LATITUDE AND LO	ISTRICT OF DISPOS		58. DATE OF DISPOSITION	1000000	C. SIGNATURE OF PER CHARGE OF DISPOS	200	15D, LICENSE CREMATED RE POSER — IF A	MAINS DIS-

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

ATEED

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/29/04

. LINER	Clain  Funeral, date, time   Deriding
nurch (Chape) Greveside	San Jean Memodiannism
	p.m. of regular work day or an extra charge of \$
nil be suched and bride to undersigned	d
Tersion 12 Section 2	_ BAVROW Lot 222 Grave
HAVE SPECE & Dare Fund	985
hartimeriale Arrival Felis	a new and the second that the second
bening/Closing & Selve	<u>413</u>
uia-Contener	259-
andling Feet	140-
ower vases + Marker setting fee	the common parts of the part will be able to the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of the parts of
ecording/Pung/Transfer Fees	
ries (2546	
	TEI 33 -
	Paid receipt number1833
hereby certify ( am the X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Belance due  1. Clotton, of the above hamed decedent restition of remains as above indicated. I certify and represent restition and interment
hereby authorize the interment in lot ( old under deed.	5 622 UNIVERSITYMEN
F	SANDIECO CA. 93105
	26191286-0671
R) maria	Total Gray
R) Maria = 18886	ACC. 8 0 153152194

HEA-10- (3-04)

This information is available in niternative formats upon request

### ATEED

#### MT. HOPE CEMETERY

### **INTERMENT ORDER**

12-30-04 14:47 PAID

Date 12/30/04

or Step	henAHarr	15 228454	or the remains
na LINES	Funeral, dat	e, time Tues. JAN	4,2005
Church, Chapel, Graveside		: Ragsdal	e Mortuary.
All Funeral cars must arrive b	efore 3:00 p.m. of regular w	ork day or an extra charge of	s
will be applied and billed to un	ndersigned.		
Division 12 Section	Blk/Row	Lot 232 Grave	nopal/Gor-
Grave space & Care Fund		*	985
Overtime/Late Arrival Fees			* 7.72 S
Opening/Closing & Setup	DAID		413
Burial Container	77.0	/ 	209-
Handling Fees	DEC 3 0 200	<b>4</b>	160
	DE0 0 0 E0		
Flower vases – Marker setting	g fee	H.V	-50
Mandella (Mandella Mandella III)		M.V	50
Recording/Filing/Transfer Fee		METERY	-50 -50 16 ²
Recording/Filing/Transfer Fee	MOUNT HOPE CE	METERY Total Due	- 50 - 50 16 ² 1833
Recording/Filing/Transfer Fee	MOUNT HOPE CE	METERY Total Due	50 16 ² 1833 1833 ²
Flower vases – Marker setting Recording/Fillng/Transfer Fee Sales taxes	MOUNT HOPE CE	METERY	50 162 1833 1833
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Recording/Filing/Transfer Fee Sales taxes	Pald receipt number of remains this authorization and interment	Total Due	and represent
Recording/Filing/Transfer Fee Sales taxes	Pald receipt number of remains this authorization and interment	Total Due	and represent
Recording/Filing/Transfer Fee Sales taxes	Pald receipt number of remains this authorization and interment authorization and interment in lot I	Total Due  Total Due  Balance due  of the above nas above indicated. I certify to hold Mt. Hope Cemetery  LECCIE VHAG  39 Solola  LI9 JUBAN  33	and represent

### MT HOPE CEMETERY E-18887

### GRAVE BLIND CHECK FORM

Deceased Na	me Stept	ien A	1 . HA	heris	
		х	Harne		Park
	P. North			Mark	
oday's Date	12/30/	104		. */	: 14
nterment Dat	e: 1/4 Sect: 2 BI	105	Time:	190	_
lag placed b	y: Paw	lett a	LOU		
Grave Laid O	ut by:	wek	& Ke	en_	-
	/erified by:	p) an	dyle	rie	
Blind Check \	17-0				
	/lap: Initials _	- W		d	

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 18887

IA. NAK	ME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMI	ILY)			2. DATE OF BIRTH		OF DEATH	4. SEX
STE	PHEN	20 - 10	ANTHONY	HARRIS				08/06/1949	Y272	8/2004	M
5A. CIT	Y OF DEATH		ACTOR MILITARY STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	5B. COUNTY O	CONTRACTOR STATE	- OUTSIDE CALIF.,		, RELATIONSHIP, FULL FORMANT	MAJLING A	DDRESS AND	ZIP CODE
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ANT	DERSON-BA	AGSDALE MOR	A-FUNERAL DIRECTOR OR PERSON LTUARY; 5050 FEDER	AL BLVD.	— IF API	PLICABLE	SAN I	LOGAN AVE., DIEGO, CA 92	113		
10000	TOTAL CONTRACTOR CONTRACTOR	CA 92102	owledge as applicant that the proposed disposition st	need bosely in one of the of	FD-13		BA. SIGN	ATURE OF APPLICANT-	-Person laking p	Elements of	MARCHAN STREET
ACION	KOWLEDGEMENT OF A		and Salety Code, and was authorized pursuant to Se	clion 7100 of the Health an	d Safety Code		N	Jamo		THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1	4/2005
			ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR-	9A. AMOUNT OF F	EE PAID	9B. DATE PERMIT		9C. SIGNATURE OF LOCA	AL REGISTR	AR ISSUING PE	PIMIT
		TY FOR THE DISPOSITION	N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00		01/04/200 ▼. DA@IS	20 mm	2500143 >			
ANY CHA TION RE PERMIT	ANGE IN DISPOSI- EQUIRES A NEW TO SHOW FINAL	IF DEATH OCCURE	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA IDS, P.O. BOX 8522 CA 92106-5222					OT OF DISPOSITION — PR DISTRICT IN CALIFORNIA			
10. AUT		STION(S) CHECK APPLIC						FOR CO	DRONOR'S	USE ONLY	_
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

### ATED

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 13/3/05

of Joanne Sme	all 33	8459	
In a Liner Type of Buriel Container	Funeral, date, time	leds. Qu	~5,05
Church Chapel Graveside	K	egs dall	Mortuary.
All Funeral cars must arrive before 3:00 p.m	. of regular work day or a	n extra charge o	1\$
will be applied and billed to undersigned.			
Division 12 Section	Blk/Row Lot	51 Grav	. 2
Grave space & Care Fund	•		985.00
Overtime/Late Arrival Fees PAIL	)	***************************************	
Opening/Closing & Setup			413.00
Burial Container JAN - 3 20	05		209.00
			160.00
MOUNT HOPE CE	METERY		
Recording/Filing/Transfer Fees			50.00
Sales taxes			16.20
	Total D	)ue	1833 20
Pal	d receipt number $k-5$	8369	1833.80
2.	7700,000	Balance due	0
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any liability on account of said authorization	and Interment.	27842	
hereby authorize the interment in lot I	GIORI	A C. IA	1118
hold Aunder deed.	Address		
Signature C. J. V. C. S. Signature			No company
	City		Zip Cod●
uletta	Telephone		100
10000	Invoice #		
Work Order # E 18888	Acct. #		

# MT HOPE CEMETERY E1888

### GRAVE BLIND CHECK FORM .

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nterment Date:_1 Div: Sect Flag placed by: Grave Laid Out b Blind Check Verif	-5-05 Blk Paulett y: Norma jed by: A	Row:_ c Cra aid	Lot:	51 d	

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS - 1888

			USE BLACK INK ONLY	- MAKE	NO ERASURE	S. WI	HITEOUTS OR O	THER A	LTERATIONS			
	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	99	10. LAST (FAMILY)		1	X	2. DATE OF BIRTH MONTH, DAY, YEAR 11/04/1946	12/24		4. SEX
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	SAN DIEGO,	CA 92102			Y	D-1	329		NATURE OF APPLICANT		permi 8B. DATE	SIGNED
	ACKNOWLEDGEMENT OF A		owledge as applicant that the proposed di and Salety Code, and was authorized pur	event to Section	n 7100 of the Health and Sa	nety Code		V	1			/2005
	PERMIT	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE A N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CA	NUTHOR-	11.00	PAID	98. DATE PERMIT 01/03/20 V. DAVE:	05	9C. SIGNATURE OF LOCA 2500057	AL REGISTE	RAA ISSUING PE	PMIT
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

ATED

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 1/3/05

	d, subject to your rules and regulations, to inter	Fill Falls by the parties
of Stephanie	Ulvarado 22846	FORM SALES
In a LINER C	- N. 1 A.	e12100
Church, Chapel Graveside	: San DegoMer	no Montuary.
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of	s
will be applied and billed to undersigned	ł -	
Division 9 Section 1	Blk/Row Lot 40 Grave	
Grave space & Care Fund		110-
Overtime/Late Arrival Fees		
Opening/Closing & Setup	PAID	138 -
Burlal Container		77
Handling Fees	JAN - 4-2005	28-
Flower vases - Marker setting fee	·	
Recording/Filing/Transfer Fees	MOUNT HOPE CEMETERY	50
Sales taxes		59
moretually	Total Due	408 27
to pay	Paid receipt number & 58385	408 31
The Arrivery	Balance due	0
I hereby certify I am the X and this is your authority to make dispo- that I have the right to make this authori any liability on account of said authoriza	of the above nalestion of remains as above Indicated. I certify zation and I agree to hold Mt. Hope Cemetery ition and Interment.	med decedent and represent harmless from
I hereby authorize the Interment in lot I hold under deed.	Autress See AOCAPO	W CO
(R) maria	psilion of remains as above indicated. I certify zation and I agree to hold Mt. Hope Cemetery it ion and interment.  ***********************************	Zip Code
Work Order # E 18889	Invoice #	

### MT HOPE CEMETERY [18889]

### GRAVE BLIND CHECK FORM

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E-18889

### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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5/	CITY OF DEATH						RELATIONSHIP, FULL			ZIP CODE
	SAN DIEGO		SAN DIEG	757	Jos	B LUIS ALVA	RADO-	FATHER		
74	SAN DIRG	ODRESS OF CALIFORNIA O HENCE IAI	A - FUNERAL DIRECTOR OR PERSON CHAPEL	-	FAPPLICABLE  FOR 1575	SAN	ATURE OF APPUÇANT	T. Programme		
	ACKNOWLEDGEMENT OF A	UPPLICANT I hereby address of the Heelth is	owledge as applicant that the proposed disposition s and Safety Code, and was authorized pursuant to S	stated herein is one of the disposition scient 7100 of the Health and Salet	ns authorized by Section 103055 Code.	> >6	regle Hours	in.	01/04	12005
	PERMIT	THE CALIFORNIA HEALTH	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- I SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FEE PA	01/05/	2005	9C SIGNATURE OF LOCAL	L REGISTR	AR ISSUING PER	RMIT
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS,

ATED

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Ome 1/3/05

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DF 4-104 (9-04)

This information is available in alternative formats upon request

### MT. HOPE CEMETERY

### INTERMENT ORDER

At Need	igrave y	Sity of San	Diego Date	ı- 3	-05
You are hereby	authorized and in	structed, subject to y	our rules and regu	lations, to inter	the remains
of	Paul	Jones	Q #2	28475	7/07/91/1/4/29/00/99/1/5/04
ina ASH	VAULT	Funeral	date, time WB	DS JAN	12 11:40
Church, Chape	Graveside	itness	FAN	99,000	Mortuary.
		re 3:00 p.m. of regula	ar work day or an e		110000000000000000000000000000000000000
	and billed to unde	Paris in self-possession service describ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9646.004763.8 <del>92</del> 736270	
Division 12	Section _		160 Lot 8	3 Grave	9
Grave space &	Care Fund		190		
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Opening/Closin	ng & Setup	,			154.00
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Recording/Filin	g/Transfer Fees	FAIL			66.00
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		JAN - 3 ZUU	Total Due		395.28
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	MOU	NT HOPE CE	METERYJU	(C	150.00
		7/5		Balance due _	5
I hereby certify and this is you that I have the any liability on	r authority to mak	e disposition of rema authorization and I a thorization and intern	ins as above indi-	f the above nar cated. I certify ope Cemetery I	and represent
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aulet	re re		Muyy, -519, (	6 73 M	333900
Work Order #	E 1889	U	voice #		
REA-104 (3-04)		This information is	Make Market	ative formats (	ipon request.

O Printed on recycled paper

MT HOPE CEMETERY - 18890

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E18890 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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	BURIAL	MOUNT H	ODRESS OF CALIFORNIA OPE CEMETERY ET ST. SAN D	CEMETERY IEGO, CA 92102	118. DATE BURIE	1/ -	IN CHARGE OF BURIAL
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LL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REM	AINS 13B, DATE RECEI	IVED 13C. SIGNATURE OF PERSON	NIN CHARGE OF FACILITY
COMPLETE	TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS A	STATE OR COUNTRY WHER RE TO BE SHIPPED	E 148. DATE SHIPP	14C. ADDRESS AND SIGNATU OF PLACING WITH THE	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT T		ELINE, OR OTHER DESCRIP E AND CA DISTRICT OF DISP IDE AND LONGITUDE		15C. SIGNATURE OF PERSON CHARGE OF DISPOSITION	

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

ATNEED

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

	City of San Diego	NE
	Date 1/9/1	-
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of Mae Best	- <del>228470</del>	•
ina 1.INER	Funeral, date, time Mon . 1/10	105 en 0
Type of Burial Container	1 0 1 0 0 - 1 1	a managina
Church, Chapel, Graveside (1)MM	- L	Mortuary.
	0 p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigne	d	
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Sales taxes	MOUNT HOPE CEMETER	RY 16=
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veruncy ,	Paid receipt number 12-593-91	848
	Balance du	0
I hereby certify I am the	of the above	named decedent
and this is your authority to make disp that I have the right to make this autho any liability on account of said authoriz	osition of remains as above indicated. I cert rization and I agree to hold Mt. Hope Cemete ation and interment.	fy and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name	•
6	Abdress	10/0
Signature	_ 300	4
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Maur	a mal	
Maria Work Order # E 18891	Invoice #	
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### MT HOPE CEMETERY E-1889/

### GRAVE BLIND CHECK FORM

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18 MIDDLE 1C. LAST (F)		HITCOUTS ON O	2. DATE OF BIRTH 3. (	DATE OF DEATH 4. SEX	
NAE	FRANCIS BEST			12/24/2004 F			
SAN DIEGO				H — OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAIL OF INFORMANT KDDIE BEST, SON	ING ADDRESS AND ZIP CODE	
ANDERSON-R	AGSDALE MRC	A-FUNERAL DIRECTOR OR PERSON TUARY; 5050 FEDER	AL BLVD FA	PPLICABLE	1102 WINSTON DRIVE SAN DIEGO, CA 92114		
SAN DIEGO,	T Daniel and a	owledge as applicant that the proposed disposition st	PD-		BA. SIGNATURE OF APPLICANT PARSON	CAR ST.	
ACKNOWLEDGEMENT OF A	PPLICANT of the Health	and Salety Code, and was authorized pursuant to Se	tion 7100 of the Health and Safety Co	de,	CALLED	01/06/2005	
- Common or	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	A ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. IN MONT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	98. DATE PERMIT		Bowen mo	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECOR	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA IDS, P.O. BOX 8522 CA 92186-5222	IF DI		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA		
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



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AT NEED

### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

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hurch, Chapel, Graveskie
Funeral cars must arrive before 9:00 p.m, of regular work day or an extra charge of \$
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id this is your authority to make disposition of remains as above indicated. I certify and represen- at I have the right to make this authorization and I agree to hold Mt. Hope Cometery harmises from Ny liability on account of said authorization and interment.
samply authorize the Interment in lot 1 Y Eddie Best
wd under deed. Tio2 Winston Drive
San Dione Ci nott
(619) 264-0847
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# ATNEED

### MT. HOPE CEMETERY

### INTERMENT ORDER

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or Charle	L. Lane ,2284	174
ina_Liner	Funeral, date, time Mon Jan , 1	0,200501
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Burial Container		209-
Handling Fees		160-
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Recording/Filing/Transfer Fees		50-
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any liability on account of said authoriza I hereby authorize the interment in lot I hold under deed.	osition of remains as above indicated. I certify rization and I agree to hold Mt. Hope Cemetery ation and interment.  Print Name  Address  Tolophore  On The property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the p	ws.
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ATNEED

### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-4-05 1455

You are hereby authorized end instructed, subject to your rules and regulations, to inter the remains San Diego Memoria Church, Chapty Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund Overtime/Lete Arrival Foos Opening/Closing & Setup..... Flower vases - Marker sening the Recording/Filing/Transfer Fees ..... Werturn to Paid receipt number Balance due of the above named decadent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authoritation and I agree to hold Mr. Hope Cemetery harmless from any tability on account of said authorization and interment I hereby authorize the interment in let I 18892

REA-104 (3-04)

This information is available in atternative formate upon request.

O Primate its registed packs

Acct. #

### MT HOPE CEMETERY E 18892

### GRAVE BLIND CHECK FORM

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### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONL	Y - MAKE NO ERASURES	WHITEOUTS OR OT	THER ALTERATIONS	
1/	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
CHARLIE		L.	LANE		03/30/1934		
	SAN DI		A - FUNERAL DIRECTOR OR	ENTER STATE	SAN DIEGO	844 PYRAMID ST	MAILING ADDRESS AND ZIP CODE TREET SAN DIEGO
		NA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			CA 92114	¥	
		O, CA 92104	i	FD-1575	BAL SIGNATURE OF APPLICANT	Person taking permit :8B, DATE SIGNED	
Ξ	ACKNOWLEDGEMENT OF A			disposition stated herein is one of the disposit ursuant to Section 7100 of the Health and Sak		· Komie Ko	you 0/06/2005
	NUMBER OF STREET	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE SECURIED IN THIS PERMIT.  O RIGHT OF DISPOSAL OUTSIDE OF	\$11.00	98. DATE PERMIT		AL REGISTRAR ISSUING PERMIT L. Bowen PD
3	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D, ADDRESS OF RE IF DEATH OCCURA PO BOX 8 92186-52	5222 SAN DIE	TAL RECORDS		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CAUFORNIA	U
10	. AUTHORIZED DISPOS	SITION(S) CHECK APPLIC	ABLE ITEMS			FORC	ORONOR'S USE ONLY
	B. CREMATION  B. CREMATION  C. DISPOSITION OF THAN IN A CEMET  D. SCIENTIFIC USE	CREMATED REMAINS O	OTHER	E. TEMPORARY ENVA	ORNIA.	I. DISPOSITION F (Name and Addre	PENDING — REMAINS LOCATED AT (95)
1	BURIAL				11B. DATE BURIEC	4./	ASON IN CHARGE OF BURIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA	CREMATORY	12B, DATE CREMA	TED 12C. SIGNATURE OF PER	RSON IN CHARGE OF CREMATION
ALL APPLICAL	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA I	FACILITY RECEIVING REMAINS	3 13B, DATE RECEIV	/ED 13C, SIGNATURE OF PE	RSON IN CHARGE OF FACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING ST CREMATED REMAINS AR	ATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIPPE	D 14C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO		JNE, OR OTHER DESCRIPTION AND CA DISTRICT OF DISPOSI DE AND LONGITUDE		15C. SIGNATURE OF PEI CHARGE OF DISPO	

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

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### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

		Date 1/5	5/05
You are hereby authorized a	and instructed, subject to your rule		
of Neglina	ia Li Baia	- / /	468
in a TS V	Funeral, date, the	meSat, Jan	8,2005010
Church Chapel, Graveside	:	Greenwa	Mortuary.
All Funeral cars must arrive	MD .	lay or an extra charge	e of \$
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Overtime/Late Arrival (1555)	10PE VIS 97 ALE	and paid	878
Opening/Closing & Setup			549-
Burial Container			366
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Flower vases - Marker settir	ng feet of the transport	*********	
Recording/Filing/Transfer Fe	MOUNT HOPE CE	MEIERY	66
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MT HOPE CEMETERY E-18893

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### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMÁTINS

USE BLACK INK ONLY - MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS FIED 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR RALANE 11/19/1976 01/02/2005 M
58. COUNTY OF DEATH — OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE RECINALD LOPE2 5A CITY OF DEATH OF INFORMANT SAN DIEGO ROGELIO BALANE-FATHER CHULA VIST 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B, CALIF LICENSE NUMBER 212 E. PAISLEY ST. - IF APPLICABLE GREENWOOD MORTUARY. I-805 & IMPERIAL AVE CHULA VISTA, CA. 91911 SAN DIEGO CA 92102 FD 843 BA. SIGNATURE OF APPLICANT—Forces string points : 8B. DATE SIGNED I hereby admostedge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Selety Code, and was authorized pursuant to Section 7100 of the Health and Selety Code. ACKNOWLEDGEMENT OF APPLICANT 01/05/2005 SA. AMOUNT ON FEE PAID 9R DATE PERMIT ISSUED 90. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-01/05/2005 2500257 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT **AUTHORIZATION OF** K JONES \$11.00 NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFOR LOCAL REGISTRAR SE, ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW PO BOX 85222 PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS Y A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING - REMAINS LOCATED (Name and Address) B. CREMATION DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY THE DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92186 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED! 120' SIGNATURE OF PERSON IN CHARGE OF GREMATION CREMATION 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 138 DATE RECEIVED SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B, DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF **SCATTERING/BURIAL** SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION CREMATED REMAINS DIS-POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

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#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date Jan 5, 2005

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E-18894

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

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

IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE AMANDA		1C. LAST (FAMILY) HORTON			OF DEATH 4. SEX	
	STOCKTON	IDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON AC	SAN JOAQUIN	ı	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT LANA BENNETT - DAUGH	ADDRESS AND ZIP CODE
<i>'</i>	WALLACE-MA	ETIN FUNERAL HOME ER ST STOCKTON CA 95202	- IF AP	PLICABLE •7	2307 FAIRBAIRN DRIVE MODESTO CA 95355 8A SIGNATURE OF APPLICANT—Person being	permit 8B. DATE SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed disposition states of the Health and Salety Code, and was authorized pursuant to Section			merry mitchell	01/06/2005
	- Crimii	THIS PERIMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT HOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	96 DATE PERMIT 01/06/20 M MITCHE	05	77216
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	BURIAL (INCLUDE) B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	CREMATED REMAINS OTHER  11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY  MOUNT HOPE CEMETERY		- 4.4	1/ -	
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	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DIS IF BURIAL AT SEA, <u>ONLY</u> ENTER LATITUDE AND LON	TRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DIS- POSER — IF APPLICABLE

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

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### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Jan 5, 2005

You are hereby authori		d, subject to your tocton	rules and regulations, is	inter the remains
ina TS V	ault	Funeral, dat	e, ome Mon . la	n.10,2005e11:0
Church, Chapel Grave	elga)		Conega	Monually.
All Funeral dars must a	ntva balora 3:00	p.m. of regular wa	ork day or an extra charg	ge of \$
will be applied and bitle	d to undersigned			
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I hereby certify I am the and unis to your author that I have the right to n any rightity on account	haded this suthonly	Blion and I agree	dithe above a shove indicated, i de no hold Mt. Hope Come	e named decedent
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O Award is require paper

38018 S40

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#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Date 1/6/05

or pernice u	CUITIAR 0084	39
In a Liner Type of Burial Container	Funeral, date, time	***************************************
Church, Chapel, Graveside		Mortuar
All Funeral cars must arrive before 3:00 p.	m. of regular work day or an extra charge	o of \$
will be applied and billed to undersigned,		
Division 12 Section 2	NO 247 Gr	ave
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Overtime/Late Arrival Fees	- 6 2005	···
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Burial Container	OPE CEMETERY	209
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I hereby certify I am the August and this is your authority to make disposit that I have the right to make this authorizationary liability on account of said authorization	ion of remains as above indicated. I certifion and I agree to hold Mt. Hope Cernet	tify and represe
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and this is your authority to make disposit that I have the right to make this authorizat any liability on account of said authorization. I hereby authorize the interment in lot I	of the above indicated. I certifion of remains as above indicated. I certifion and I agree to hold Mt. Hope Cemet in and interment.  SESAK @KAY  Print Name  333054777  Address Son Outga 5- Cay (19-265-9275)	and represe ery harmless fro 20819

# intigent burial

REA-104 (3-04)

#### MT. HOPE CEMETERY

### INTERMENT ORDER

City of San Diego

Ne	Only or can blogo	Sec. 1555
5	W. 1112-15-141	Date 01/11/05
	27850	
You are hereby authorized and	instructed, subject to your rule	es and regulations, to inter the remains
of <u>blacendo</u>	Kuiz 1.A.# 20	050880
ina NA. Cryst	B Funeral, date, ti	ime Thurs Jan 20 (10
Type of Buris Donisiner Church, Chapel, Graveside	Delven Only!	merkly mitchelmonumy
All Funeral cars must arrive bet	fore 3:00 p.m. of regular work	day or an extra charge of \$
will be applied and billed to und	lersigned	
Division /3 Section	Blk/Row ) \	A Lot 19 Grave 18
ROWN IN THE STREET	- Well way	131.00
Grave space & Care Fund	110	101.00
Overtime/Late Arrival Fees	for to pil	licit as
Opening/Closing & Setup	130/0/03	454.00
Burial Container	1 1 2 1 2 10	132.00
Handling Fees	~ x ,	
Flower vases - Marker setting I		<u>~_</u>
Recording/Filing/Transfer Fees		49.00
Sales taxes	cT	10.23
1100	39310	Total Dua 776 25
bea 350,	Paid receipt number	KH 4234942 776.23
Recording/Filing/Transfer Fees Sales taxes	x 611	Balance due
I hereby certify I am the	•	of the above named deceden
and this is your authority to ma	ke disposition of remains as	shave Indicated I cortify and represent
any liability on account of said a	authorization and interment.	hold Mt. Hope Cemetery harmless from
I barabu authoriza the intermen	tin let 1 X	Tour bush
I hereby authorize the interment hold under deed.	Print Name	De la Color
3/191	1 Mor A Address	NO NO
Signature	C.D.	Zip Code
se Un	₹ ∂.w X	
bulette 10	4	1110093
<b>□ 188</b> 9	9.6 Invoice #	416293
Work Order # E	Acct. #_	000952

O Printed on recycled paper

This information is available in alternative formats upon request.

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NO.479

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

Sec	City of San Diego	
926	Oels 01/11/05	
You are hareby authorized and of Dialem do	d Instructed, subject to your rules and regulations, to inter the remains  PLUIZ IA # 20050880	
In a 1970 Court	6 Funeral, date, date, date June Jan 20 (10.7)	
Church, Chapel, Graveside	delven only meakly Mitchellusoniery.	
All Funeral cars must errive bet	sfore 3:00 p.m. of regular work day or an extra charge of \$	
will be applied and billed to und	dersigned	
Division		
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	454.00	
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E 238 64 8	Balanda due	06
I nereby certify I am the	of the above named decedent	~U
mat I have the right to make the	his authorization and I agree to hold Mt. Hope Cometery harmless from .	
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Work Order # E 188	96 Acet #	

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LISE BLACK INK ONLY ... MAKE NO EDASLIBES, WHITEOLITS OR OTHER ALTERATIONS.

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ORLANDO  SA CITY OF DEATH				<b>Y</b> )			2. DATE OF BIRTH MONTH, DAY, YEAR		DAY, YEAR	4. SEX		
		-	-	SE COUNTY OF	DEATU			MONTH, DAY, YEAR MONTH, DAY, YEAR 12/14/1926 12/24/2004  AME, RELATIONSHIP, FULL MAILING ADDRESS AND Z			M ZIP CODE	
-	SAN DIEGO				SAN DIEG		- OUTSIDE CALIF.,	OF IN	FORMANT	Year	IDDHESS AND	J ZIF CODE
-	MERELEY-NY 3655 PIPTH SAN DIEGO,	AVENUE	A FLINERAL DIRECTOR O	R PERSON A	ACTING AS SUCH 7	FD11		SAN	C TANTARIA A RUPPIN B DIEGO CA 9 ATURE OF APPLICANT	2123	ema (8B, DATE	SIGNED
	ACKNOWLEDGEMENT OF A	nouseur   I hereby actor	nowledge as applicant that the proposi and Safety Code, and was authorized				priced by Section 103055	<b>&gt;</b>	30*00-00-00-00-00-00-00-00-00-00-00-00-00	035/04/02 30300	01/1	0/2025
2000	ALTHODIZATION OF	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	N ACCORDANCE WITH PROVIS AND SAFETY CODE AND IS TH IS SPECIFIED IN THIS PERMIT O RIGHT OF DISPOSAL OUTSIDE OF	HE AUTHORI-	\$11.00	E PAID	98. DATE PERMIT B.A. ELI 01/14/20	ANO	SIGNATURE OF LOC		200000000000000000000000000000000000000	K1 500000
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APPLICABLE ITEMS	104 NAME AND ADDRESS OF CALIFORNIA COSTA		A CREMATO	DRY		12B, DATE CREM	ATED 12	C. SIGNATURE OF PER	ISON IN C	ARGE OF C	REMA	
ALL APPLICAE	SCIENTIFIC USE	13A, NAME AND AD	DDRESS OF CALIFORNIA	FACILITY I	RECEIVING REMA	INS	13B. DATE RECEI	VED 13	C. SIGNATURE OF PER	ASON IN CH	HARGE OF FA	ACILITY .
변 14A. NAME AND ADDRE		AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE INS OR CREMATED REMAINS ARE TO BE SHIPPED		570 J. (T. T. J. ) III (T. T. J. ) III (T. J		D 14C ADDRESS AND SIGNATURE OF PERSON IN CHAI OF PLACING WITH THE CARRIER			CHARGE			
	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	AAA 33 8	C. SIGNATURE OF PER CHARGE OF DISPO		15D LICENSE CREMATED R POSER — IF		

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.



# SAN DIEGO COUNTY AUDITOR AND CONTROLLER ROOM 163 COUNTY ADMINISTRATION CENTER SAN DIEGO, CA 92101-2478 (619) 531-5321

E18896

AUTHORITY/PO	INVOICE	DESCRIPTION	DISCOUNT AMOUNT	NET AMOUNT
38618	416293	ACCT# 000952 ORLANDO RUIZ	0.00	776.23
			0.00	776.23

#### THE FACE OF THIS DOCUMENT CONTAINS A COLORED SECURITY TINT BACKGROUND ON WHITE PAPER



Will Pay

County of San Diego 1600 Pacific Highway San Diego, CA 92101-2478

The Treasurer Seven Hundred Seventy-Six Dollars And 23 Cents********

Wells Fargo Bank Ohio, N.A. 115 Hospital Drive Van Wert, OH 45891

56-385/412

Warrant No.

4234942_

Date of Issue: 03/23/2005

********776.23*

VOID IF NOT PRESENTED TO COUNTY TREASURER WITHIN SIX MONTHS FROM DATE OF ISSUE, GOVT CODE SECT 29802

AUDITOR AND CONTROLLER

MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92103

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

# NEED OF NEED IN BUIL LED

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 1/12/05

You are hereby authorized and instructed, si	TO PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	iles and regulation	ons, to inter th	e remains
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Cribicii, Criapei, Graveside		1 0000	<del>-y</del>	Mortuary
All Funeral cars must arrive before 3:00 p.m.	. of regular work	k day or an extra	charge of \$ _	
will be applied and billed to undersigned				
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Sales taxes	1			cr
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Y		170		motor consensation
I hereby certify I am the \( \) and this is your authority to make dispositio that I have the right to make this authorization	n of remains as	above indicated	above name d. I certify and	i represent
any liability on account of said authorization	and interment.	o note int. Prope	Cellietary na	111000 110111
hereby authorize the interment in lot I	V	20.0		
hold under deed.	Print Name			
	Address			
<b>_</b>	30000			
Photore	City		-	Zig Code
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Maua Nork Order # E .18897	Telephone		100	
- 18897	Invoice			
Work Order # E	Acct. #			

NEED

#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 1/10/05

Churchan Es	ect to your rules and regulations, to inter the remains
	uneral, date, time Thur. 1/13/05 @ 10:00
Church, Chape, Graveside	: CA . BURICI 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.	
\$10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.00	Row Lot <u>260</u> Grave
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Opening/Closing & Setup	
Handling Fees	n 1005
Flower vases – Marker setting fee JAN 1	[ 1] 2003
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Pald rec	ceipt number
I hereby certify I am the Courg and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization and	Balance due of the above named decedent and I agree to hold Mt. Hope Cemetery harmless from d interment.
I hereby authorize the interment in lot I hold under deed.	Maria C. Sal inas 7380 Gatewood have
hold undergleed. * Maria C. Salens Syneiure Caria C. Salens	San Diego la 92/1
maria	1619 2 67-0123
Work Order # E 18898	Invoice #
Work Order # E 10070	Acct. #

MT HOPE CEMETERY F 18898

### GRAVE BLIND CHECK FORM

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£ 100 /c

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

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

TA	NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMI	LY)		2. DATE OF BIRTH	3. DATE	OF DEATH	4. SEX
	CAYETANA		M.	PERRE	IL .	9	08/07/1925 01/06/2005 r			
5A	CITY OF DEATH				F DEATH - OUTSIDE CALIF	B. NAME.	RELATIONSHIP, FULL	MAILING A	DORESS AND	ZIP CODE
	SAN DIEGO			SAN DIE		MARIA	SALINAS-DA	UGRTRI	R	
7A	CALIFORNI	A WURIAL CE	ia-funeral director or per Bapel 2200 Highi Fornia 91950		7B. CALIF. LICENSE NUMBER — IF APPLICABLE  **PD-1689	SAN D	GATEWOOD LA IEGO, CA 92	114		
-	ADDROWLEDGEMENT OF	I hereby acid	nowledge as applicant that the proposed dispo	sition stated herein a one of the de	positions authorized by Syction 100055	11	TURE OF APPLICANT	Person taking p	)	SIGNED 0/2005
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#### MT. HOPE CEMETERY

#### INTERMENT ORDER

City of San Diego

Date 1- 10-05

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# MT HOPE CEMETERY

E-18899

## GRAVE BLIND CHECK FORM

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY MAI	KE NO ERASURES, W	HITEOUTS OR OT	HER ALTERATIONS			
14	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	35	2. DATE OF BIRTH MONTH, DAY, YEAR 08/01/1955	3. DATE OF DEATH MONTH DAY YEAR 12/29/2004	4. SEX	
	La Mesa			5B. COUNTY OF DEAT ENTER STATE San Die	go	NAME, RELATIONSHIP, FULL OF INFORMANT Jessenia Lee Pi	MAILING ADDRESS AN 11ot-Daughte		
78		Aztlan 7856	5 la Mesa Blvd.	—IF A	PPLICABLE	7649 Saranac Av La Mesa, CA 919 A SIGNATURE OF APPLICANT	41	E SIGNED	
	ACKNOWLEDGEMENT OF A		owiedge as applicant that the proposed disposition size and Safety Code, and was authorized pursuant to Sec			gran a ma	18 01/	/11/200	
	Permit.	THE CALIFORNIA HEALTH. ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS PECIFIED IN THIS PERMIT, RIGHT OF DISPOSAL OUTSIDE OF CALIFORMA	\$11.00	Dean A. Ma Dean A. Ma	ata	AL REGISTRAR ISSUING PE	EFRMIT	
		IF DEATH OCCURR	REGISTRAR OF DISTRICT OF DEATH — PRED IN CALIFORNIA PO BOX 85222  ego, CA 92186-5222		DORESS OF REGISTRAR OF DISTRICT OF DISPOSITI F DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CA		TION —		
]	B. CREMATION: C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS O	DRESS OF CALIFORNIA CEMETER	E. TEMPORARY ENVAULT  F. DISINTERMENT  G. SHIP IN TO CALIFORNI  D. TRANSIT TO OUTSIDE	<b>A</b>	i DISPOSITION PE			
	BURIAL		Cemetery 3751 Ma 30, CA 92186-5222	EKSE SE.	1-13-0	5 Navid	Varien	_ •	
SLE ITEMS	CREMATION	12A. NAME AND AD	DORESS OF CALIFORNIA CREMATO	DRY	128. DATE CREMAT	ED 12C. SIGNATURE OF PER	SON IN CHARGE OF C	REMATION	
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SD HT HOPE CENETE 3751 HARKET ST SAN DIEGO CA 92162 619-527-5474 4381322156665644

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\$178.00

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EXP: ***

AP: 876124

NAME: ELIZABETH E FAUROT-ANTONA

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 CARDHEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU

PLEASE, COHE AGAIN

TOP COPY-HERCHANT BOTTON COPY-CUSTOMER

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FOR Elba Torres

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